				Form #E-4
	Board or State Asso	ociation		
Address	City	State	Zip	
Grievano	e Committee Request for Ir	formation (Eth	ics Complaint)	
То				
named by	as rest	as respondent.		
	aplaint which names you as respondent, a pection 20 of the Board's <i>Code of Ethics</i>			ievance Committee
Please be advised that you have fift	een (15) days from transmittal of this notic	e to transmit to, or file	your reply at, the addre	ss above. Your reply
must be typewritten, with origin	al andcopies for this office, and	l must be signed and	dated.	
	result in the complaint being forwarded alleging a violation of Article 14 of the of this Manual.			
Respectfully submitted,				
			_, Professional Standa	ards Administrator
Type/Print	Si	gnature		
	Board or State Asso	ociation		
Dated:	, 20			