

Board or State Association

Address

City

State

Zip

**Appeal of Grievance Committee (or Hearing Panel)* Dismissal or
Appeal of Classification of Arbitration Request**

In the case of _____ vs. _____
Complainant Respondent

Check the appropriate box. Note that the arbitration request and any attachments to the request cannot be revised, modified, or supplemented. Directors consider only the information and documents considered by the Grievance Committee (or Hearing Panel) with this form and explanation below.

- I/we appeal the dismissal of the above-referenced arbitration request.
- I/we appeal the classification (mandatory or voluntary) of the above-referenced arbitration request.

Explanation of why complainant or respondent disagrees with the Grievance Committee's (or Hearing Panel's) dismissal of the arbitration request or classification of the request:

Appellant(s):

_____ Signature of Appellant	_____ Signature of Appellant
_____ Name (Type/Print)	_____ Name (Type/Print)
_____ Street Address	_____ Street Address
_____ City State Zip Code	_____ City State Zip Code
_____ Phone	_____ Phone
_____ Dated	_____ Dated

*Hearing Panels that dismiss an arbitration request should transmit their decision via correspondence (not Form #A-12, Award of Arbitrators). Appellants appealing a Hearing Panel's dismissal should use this form.