				Form #E-4
	Board or State Assoc	iation		
Address	City	State	Zip	
Crievenee Comm	ittee Degreet for Inf	iormetion (Ethi	oo Complaint\	
To	ittee Request for Inf	•	cs Complaint)	
named by				,
named by	as respo	ondent.		
Attached hereto is a copy of a complaint which for review, in accordance with Section 20 of				rievance Committee
Please be advised that you have fifteen (15) days	from transmittal of this notice	to transmit to, or file y	your reply at, the addre	ess above. Your reply
must be typewritten, with original and	copies for this office, and	must be signed and d	lated.	
Failure to provide a response may result in the filing of a complaint against you, alleging a v Tribunal, pursuant to Section 20 of this Man	riolation of Article 14 of the C			
Respectfully submitted,				
			_, Professional Stand	lards Administrator
Type/Print	Sign	nature	_, i iolessionai Stand	aras / willillistrator
	Board or State Assoc	iation		
Dated:	. 20			