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## Form #E-22

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Board or State Association

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Address

City

State

Zip

### Appeal of Grievance Committee (or Hearing Panel)\* Dismissal of Ethics Complaint

In the case of \_\_\_\_\_ vs. \_\_\_\_\_  
Complainant Respondent

Check the appropriate box. Note that the complaint and any attachments to the complaint 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 ethics complaint.

☐ I/we appeal the dismissal of Article(s) \_\_\_\_\_ from the above-referenced ethics complaint.

Explanation of why complainant disagrees with the Grievance Committee's (or Hearing Panel's) dismissal of complaint/Article(s):

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#### Complainant(s):

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

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\*Hearing Panels that find a matter not timely filed should transmit their decision via correspondence (not Form #E-11, Decision of Ethics Hearing Panel of the Professional Standards Committee). Appellants appealing a Hearing Panel's dismissal should use this form.

(Revised 5/06)