**Form #E-4**

Board or State Association

Address City State Zip

**Grievance Committee Request for Information (Ethics Complaint)**

To , named by as respondent.

Attached hereto is a copy of a complaint which names you as respondent, as filed with this Board and referred to the Grievance Committee

for review, in accordance with Section 20 of the Board’s *Code of Ethics and Arbitration Manual.*

Please be advised that you have ten (10) days from transmittal of this notice to transmit to, or file your reply at, the address above. Your reply

must be typewritten, with original and copies for this office, and must be signed and dated.

Failure to provide a response may result in the complaint being forwarded for a hearing and may also result in the Grievance Committee’s filing of a complaint against you, alleging a violation of Article 14 of the Code of Ethics for failure to submit pertinent facts to a proper Tribunal, pursuant to Section 20 of this Manual.

Respectfully submitted,

 , Professional Standards Administrator

Type/Print Signature

Board or State Association

Dated: , 20

*(Revised 11/14)*

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