				Form #A-5
	Board or State As	sociation		
Address	City	State	Zip	
Grievance Co	ommittee Request for In	formation (Arbit	ration Reque	st)
То				
named by				as respondent.
Attached hereto is a copy of a reque Grievance Committee for review, in ac				
The Grievance Committee requests fifteen 15 days of this notice being to determination as to whether an arbitrat	ransmitted. If no response is filed	within the time allotted,	the Grievance Co	mmittee shall make its
Respectfully submitted,				
			Professional	Standards Administrator
Type/Print	:	Signature		
	Board or State As	sociation		
Dated:	, 20			