**Form #A-20**

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Board or State Association

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| Address |  | City |  | State |  | Zip |
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**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 | | | | |
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| Dated | | | | |  | Dated | | | | |

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\*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.

(*Revised 11/17*) *Code of Ethics and Arbitration Manual*