

**APPEAL OF GRIEVANCE COMMITTEE DISMISSAL OR CLASSIFICATION  
(OR HEARING PANEL DISMISSAL) 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 of the above-referenced arbitration request.

Explanation of why complainant 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

\_\_\_\_\_  
Date Date

