| | | Board or State A | Association | | | |
|---|--|----------------------------------|--------------------------------|------------------|------------|--|
| Address | | City | , | State | Zip | |
| A | Appeal of Griev Dism | | ttee (or Heari cs Complaint | ng Panel)* | | |
| In the case of | | | vs | Responde | | |
| | Complain | ainant | | Respondent | | |
| Check the appropriate modified, or supplement Committee (or Hearing | ted. Directors consi Panel)* with this fo | der only the inform and explanat | ormation and docion below. | | | |
| | missal of the above | | _ | 6 1 1: | 1.1. | |
| ☐ I/we appeal the dis | missal of Article(s) | | from the above-re | eterenced ethics | complaint. | |
| | | | | | | |
| | | Complaina | ant(s): | | | |
| Signature of Complainant | | | Signature of Complainant | | | |
| Name (Type/Print) | | | Name (Type/Print) | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip Code | City | Sta | zip Code | |
| Phone | | | Phone | | | |
| Dated | | | Dated | | | |

^{*} Hearing Panels that find a matter not timely filed should transmit their decision via correspondence (not Form #E11, Decision of Ethics Hearing Panel of the Professional Standards Committee). Appellants appealing a Hearing Panel's dismissal should use this form.