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**Form #A-20**

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Board or State Association

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Address

City

State

Zip

**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:

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**Appellant(s):**

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Signature of Appellant

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Signature of Appellant

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Name (Type/Print)

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Name (Type/Print)

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Street Address

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Street Address

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City State Zip Code

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City State Zip Code

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( ) Phone

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( ) Phone

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Dated

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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)*