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**Form #E-22**

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Board or State Association

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Address

City

State

Zip

**Appeal of Grievance Committee (or Hearing Panel)\*  
Dismissal of Ethics Complaint**

In the case of \_\_\_\_\_ vs. \_\_\_\_\_  
Complainant Respondent

Check the appropriate box. Note that the complaint and any attachments to the complaint 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 ethics complaint.

I/we appeal the dismissal of Article(s) \_\_\_\_\_ from the above-referenced ethics complaint.

Explanation of why complainant disagrees with the Grievance Committee's (or Hearing Panel's) dismissal of complaint/Article(s):

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**Complainant(s):**

_____ Signature of Complainant	_____ Signature of Complainant
_____ Type/Print Name	_____ Type/Print Name
_____ Street Address	_____ Street Address
_____ City State Zip Code	_____ City State Zip Code
(_____) _____ Phone	(_____) _____ Phone
_____ Dated	_____ Dated

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\*Hearing Panels that find a matter not timely filed should transmit their decision via correspondence (not Form #E-11, Decision of Ethics Hearing Panel of the Professional Standards Committee). Appellants appealing a Hearing Panel's dismissal should use this form.

(Revised 5/06)