

Form #A-5

Board or State Association

Address

City

State

Zip

Grievance Committee Request for Information (Arbitration Request)

To _____

named by _____ as respondent.

Attached hereto is a copy of a request for arbitration which names you as respondent, as filed with this Board and referred to the Grievance Committee for review, in accordance with Section 47 of the Board's Code of Ethics and Arbitration Manual.

The Grievance Committee requests the respondent provide a written response to the Request for Arbitration within _____ days of this notice being transmitted. If no response is filed within the time allotted, the Grievance Committee shall make its determination as to whether an arbitration hearing should be scheduled based upon the information set forth in the Request for Arbitration.

Respectfully submitted,

Type/Print

Signature

Secretary

Board or State Association

Dated: _____ 20____