Request for Appeal of Excellence Hearing Panel (EHP) Decision
Concerning a Code of Excellence 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. The Excellence Hearing Panel (EHP) considers only the information and documents first considered by the Grievance Review Panel (GRP)* with this form and explanation below.

☐ I/we, the Complainant(s), appeal the EHP decision regarding the above-referenced Code of Excellence complaint on the basis of procedural deficiencies or other lack of procedural due process that I/we contend deprived me/us of the opportunity for a full and fair hearing. Attach one or more additional sheets of narrative explanation detailing specific concerns.

☐ I/we, the Respondent(s) appeal the decision of the EHP based upon one or more of the following:
   ◊ Misapplication or misinterpretation of Part(s) of the Code of Excellence
   ◊ Procedural deficiency or a lack of procedural due process that I/we believe has deprived me/us of the opportunity for a full and fair hearing
   ◊ Disagreement with the corrective or follow up action/sanction recommended by the EHP

Attach one or more additional sheets of narrative explanation detailing specific concerns.

Party(ies):

__________________________________________________________________________  ____________________________________________________________________________
Signature of Party                                                                 Signature of Party

__________________________________________________________________________  ____________________________________________________________________________
Name (Type/Print)                                                              Name (Type/Print)

__________________________________________________________________________  ____________________________________________________________________________
Street Address                                                                 Street Address

__________________________________________________________________________  ____________________________________________________________________________
City State Zip Code                                                            City State Zip Code

__________________________________________________________________________  ____________________________________________________________________________
Phone                                                                         Phone

__________________________________________________________________________  ____________________________________________________________________________
Dated                                                                         Dated

(Form 4, Revised 12/15)