Form #E-5				
Board or State Association				
Address	City	State	Zip	
Response	e to Grievance Comm	ittee Request fo	or Information	
To the Grievance Committee of the				
	Board or State	Association		
	Board of State			, 20
Complainant(s)			Respondent(s)	
in a matter of alleged violation of the	Code of Ethics or other memb	ership duty as set fort	h in the bylaws of this	Board.
Respondent(s) replies and substantiate	es such reply by the following	attached statement:		
This is true and correct to the best kn belief, the statements contained in thi		ersigned. I (we) declar	e that to the best of my	(our) knowledge and
Boards or Associations of RAXOS where	I hold or have held membersl	hip in the preceding th	aree (3) years:	
I understand that, if found in viola	ation of the Code of Ethics	or other membershi	p duty, a respondent	will be assessed an
administrative processing fee of	*.			
Respondent(s):				
Type/Print Name			Signature	
	Addr	ess		
Phone			Email	
Those			Zindir	
Type/Print Name			Signature	
	Addr	ess		
Phone			Email	

(Revised 11/16)

^{*}Fee not to exceed \$500 and may not be assessed unless the Board of Directors has established policy to assess this fee against respondents found in violation of the Code of Ethics or other membership duty.