

Resolution Request Form

Date of Resolution Request Submittal: _____

Please complete as much of the request form as possible and attach any supporting documents or correspondence you would like the Resolutions Committee to consider.

The Resolutions Committee does not have the authority to render an opinion on any matters that involve legal issues or compensation.

Please send by mail to:

AIBD Resolutions Committee
750 National Press Building
529 14th Street NW
Washington, DC 20045

Please send by fax to:

(866) 204-0293

Please send by email to:

Resolutions@AIBDmember.org

Complainant: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Cellular: (____) _____ E-mail: _____ @ _____

Defendant: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Cellular: (____) _____ E-mail: _____ @ _____

Nature of Complaint:

Please describe in several sentences the basic nature of your complaint. You may attach a full description and any supporting documents you feel may be germane to your resolution request.

Contact:

Phone: 800-366-2423

Fax: 866-204-0293

Email: info@aibd.org

Address:
529 14th St. NW
Suite 750
Washington, DC 20045
www.AIBD.org

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Updated: January 2010

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For Staff Use Only

Date Request Mailed to All Parties: _____

Cert Mail #'s _____

Date of Response from Defendant: _____

Date Written Opinion Received: _____

Date Opinion Mailed to all Parties: _____

Cert Mail #'s _____

Disposition: _____

Date Request for Appeal Received: _____

Date Noticed to Board Of Directors: _____

Final Disposition: _____

Additional Notes:

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