

REQUEST FOR HEARING PANEL

Independent Business Owner Name(s)	Your Individual Name(s), if different	Your IBO No.
Address	City	State
		Zip +4 (if known)
Business Phone No.	Sponsor Name	
Cell Phone No.	First Upline Platinum Name	
Home Phone No.	First Upline Diamond Name	
Email Address	Approved Provider / Affiliation	

I (we) request a Hearing Panel be convened to resolve a dispute arising under the Rules 11.4 to resolve a dispute. My (our) request is based on the following: (Please provide a description of the dispute and support with all documents, correspondence, or evidence, as well as the specific section and rule of the Rules of Conduct involved in this dispute.)

I (we) understand that current/former IBOs may at his/her/their sole discretion, opt out of the Mediation process at any time, before or during the Hearing Panel stage, and may instead proceed directly to Binding Arbitration pursuant to Rule 11.5. I (we) also understand that while in-person mediation is not required, if the IBO(s) choose(s) to attend Facilitative Mediation in person, the IBO(s) are responsible for their own expenses.

Signature	Date	Signature	Date

Return To: Business Conduct 78-2R
 Amway
 7575 Fulton Street East
 Ada, MI 49355-0001