Referring Commission/Entity (RFCE): Click or tap here to enter text. RFCE Chair: Click or tap here to enter text.

Receiving Commission/Entity (RCCE): Click or tap here to enter text. RCCE Chair: Click or tap here to enter text.

Referral Date: Click or tap to enter a date.

**RFCE REFERRAL FORM FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. List Standard(s) about which RFCE is making referral. Click or tap here to enter text.

2. Date RFCE discovered above Standard(s) concern(s). Click or tap here to enter text.

3. Date(s) of event(s) giving rise to above Standard(s) concern(s). Click or tap here to enter text.

4. List Standards RFCE is/has processed. Click or tap here to enter text.

5. Does the ACPE member or entity named in this referral know that it is being made? Click or tap here to enter text.

6. State what phase the RFCE process is in with this matter.

7. State what the RFCE believes the RCCE can do through its process that the RFCE has not or cannot do.

8. List documents or other materials the RFCE has that could assist the RCCE.

9. Provide contact information for person authorized to send above items to RCCE upon its request.

10. Provide any additional information of which RCCE should be aware when reviewing this referral.

11**. RCCE REMINDER: Retain this form and use the reverse to report back to the RFCE the steps taken regarding this referral**.

**RCCE REPORT TO RCFE**

1. The RCCE met according to its procedures and considered this referral on \_\_\_\_\_\_\_\_\_\_\_ (date).

2. The decision was made to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. RCCE follow-up is complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Information from the follow-up available to the RFCE upon their request is as follows:

5. For further information, please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Other