

USTA LEAGUE GRIEVANCE APPEAL FORM

Any party to the Grievance who is considering an appeal of a decision of the Grievance Committee should familiarize themselves with Section 3.04 of the USTA League Regulations.

APPEAL FILED BY:

Name(s): **Role:** **Date:** **Time:**

Captain Player Coord/Staff Other

Division & Age Group: **Other (if applicable):** **District/Area:**

Team Name: **Phone Number:** **Phone Type:**

Section: **E-mail Address:** **USTA Number:**

Signature:

GRIEVANCE UPHELD AGAINST:

Name(s): **Role in Grievance:** **USTA Number:**

Captain Player Coord/Staff Other

Division & Age Group: **District/Area:** **Other (if applicable):**

Team Name: **Local League:** **Section:** **NTRP Level:**

Date, Time and Location of Match or Action Prompting Grievance:

***Parties involved in this Grievance have until the following date and time to request a hearing before the Grievance Appeal Committee if one was not held by the Grievance Committee**

Deadline for Requesting Hearing:

I am requesting a hearing: Yes No

FACTS AND ARGUMENTS IN SUPPORT OF APPEAL (Information provided in this appeal should be factual in nature. Please provide as much specific detail and supporting background as possible.):

Official Use Only:

Appeal Form Received by Grievance Appeal Committee Chair

Date/Time:

Name:

Appeal Form received by Grievance Committee Chair

Date/Time:

Name:

Appeal Form Sent to other party(ies)

Date/Time:

Name: