



UNITED STATES TENNIS ASSOCIATION
SOUTHEASTERN MICHIGAN DISTRICT

GRIEVANCE FORM

Name of Grievant _____

Home Facility _____ Team Coach _____

Team Name _____

Age Division of Team: __10U __12U __14U __18U

__Southeast Michigan Track __Midwest Section Track

Telephone: (H) _____ (W) _____

Contact Email: _____

Name of Person Against Whom Grievance is Made _____

Grieved Party Team Name _____ Facility _____

Telephone: (H) _____ (W) _____

Date Cause of Grievance Occurred _____

Where Grievance Occurred:

Facility _____

Coach _____

STATEMENT OF THE GRIEVANCE

A. State the cause of the grievance in simple facts, i.e. state who, what, where, when, why, and how in clear, concise terms.

B. State the name, club and team and level of player involved _____

C. State what protest you have previously made to others relating to the cause of this grievance.

D. State what action you desire the Southeast office USA Team Tennis Grievance Committee to take

Be careful to state only what you know to be factually true. Also, state the whole truth, including what others did and what you did yourself.

Signature _____

Date _____

Type or print name _____

Email, Mail or Fax Completed form to:



UNITED STATES TENNIS ASSOCIATION
SOUTHEASTERN MICHIGAN DISTRICT

17280 Farmington Road Livonia, Michigan 48152
(734) 421-1025 Fax (734) 421-1925
(email: tennis@semich-usta.com)

For Office Use: Date Received _____