USTA LEAGUE GRIEVANCE APPEAL FORM

9/27/23

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: Captain | Player | Coord/Staff | Other

Date:

Time:

Division & Age Group: Adult – 18 & Over

Other (if applicable):

District/Area:

Team Name:

Phone Number:

Phone Type: Mobile

Section: Caribbean

E-mail Address:

USTA Number:

Signature:

GRIEVANCE UPHELD AGAINST:

Name(s):

Role in Grievance: Captain | Player | Coord/Staff | Other

USTA Number:

Division & Age Group: Adult – 18 & Over

District/Area:

Other (if applicable:

Team Name:

Local League:

Section: Caribbean

NTRP Level: 2.5

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: