

USTA LEAGUE GRIEVANCE APPEAL

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/Title:

Date:

Time:

League Division:

NTRP Level:

Team Name:

District/Area of individual appealing:

Section of individual appealing:

Phone number (local contact and/or cell):

E-mail Address:

Signature:

APPEALING THE GRIEVANCE COMMITTEE DECISION OF:

Name/Title:

Team Name:

NTRP Level:

Name of Local League:

District/Area:

Section:

Location or Site of Match or Incident Prompting Grievance:

Date and Time of Match or Incident Prompting Grievance:

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.)

*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

Official Use:

Appeal Form Received by Grievance Appeal Committee Chair:

Name:

Date/Time:

Appeal Form received by Grievance Committee Chair:

Name:

Date/Time:

Appeal Form Sent to other party(ies):

Name:

Date/Time: