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:** _____

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:** _____