

APPENDIX V

FORM FOR APPEAL OF GRIEVANCE AND COMPLAINT COMMITTEE DECISION

TO: GRIEVANCE AND COMPLAINT COMMITTEE, PRTA/CTA

FROM: Name: _____
Address: _____

Work Phone: _____
Mobile Phone: _____
Fax: _____
Email address: _____

RE: Appeal of Complaint No.: _____
Complaint against: _____

REASONS OR BASIS FOR WHICH I (WE) UNDERSTAND THAT THE DECISION OF THE GRIEVANCE AND COMPLAINT COMMITTEE SHOULD BE ANNULLED:

I (WE) AFIRM that this appeal has been filed in good faith, without ulterior motives other than to vindicate the compliance with applicable rules and to promote fair play and rules of good conduct and sportsmanship.

Signature

Date

I (WE) CERTIFY having notified this appeal to: _____,
(prevailing party in the complaint) by _____ (manner of
notification: address, fax or email) on the _____ (day) of _____ (month),
20_____, at _____ (time). A copy of this appeal has also been sent on the same date to
the Grievance and Complaint Committee by way of the PRTA Executive Director.

Signature

Date