

USTA LEAGUE GRIEVANCE APPEAL

Address

Team Name:

City/State/Zip

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.)

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: