USTA Arkansas Grievance Report

Complaint Against:
Name_____
Street Address_____
City_____State_____Zip Code_____
Phone ( )_____ Email_____
Position (Player, Parent, Coach, Official, etc)_____
If player, list division_____

Grievance Filed by:
Name_____
Street Address_____
City_____State_____Zip Code_____
Phone (_____ Email_____
Position (Player, Parent, Coach, Official, etc.)_____
If player, list division_____

Signature_____

*****Grievances are not confidential*****

Where Incident Occurred
Name of Tournament_____
Date_____
Tournament Director_____
  Phone or Email_____
Tournament Referee_____
  Phone or Email_____

Details of Grievance (Be specific and include any witnesses statements along with their contact information. Attach additional pages if necessary.)

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Below for USTA Arkansas Use Only:
Date Received_____ Date to Grievance_____
Date of Decision_____ Date Closed_____
Date of Appeal_____ Date of Appeal Decision_____
Date Closed_____