# USTA LEAGUE CHAMPIONSHIP GRIEVANCE

**Captains, coordinators and tournament committees should review and be familiar with Section 3.00 of the USTA League Regulations, with particular attention to Sections 3.03A, 3.03C, 3.0.D, 3.03E and 3.04.**

**3.03A(6)** A grievance against an individual or team may only be filed by (a) the team captain of the team who has competed in the match where the alleged violation occurred, (b) a league coordinator or (c) a member of a Championships Committee except for Administrative Grievances, Eligibility Grievances and NTRP Grievances, which may be filed as stated in Regs. 3.03A(2), 3.03B(3), 3.03C(3) and 3.03E(2).

**3.03C(1)** Any Grievance alleging a violation during championships competition shall be in writing and delivered to the duly appointed site director or designee prior to whichever occurs first: (a) within 30 minutes of the completion of the involved team's match or (b) the commencement of the involved team's next match, whether or not the involved player participates except for Eligibility Grievances (See Reg. 3.03B(3)) and NTRP Grievances (See Reg. 3.03E(3)).

**3.03C(2)** At the time a grievance is filed, a copy of the grievance shall be sent by the Championship Committee to the party(ies) against whom the grievance has been made.

**3.03C(3)** A grievance regarding failure to meet eligibility requirements may be filed by a team captain, league coordinator or member of a Championships Committee at any time.

**3.03E(2,3&5)** Any league captain, coordinator or member of a Championships Committee may file an NTRP Grievance. NTRP Grievances shall be filed, in writing, with the duly appointed site director or designee having jurisdiction at any time up to 48 hours after the conclusion of the Section Championship of the player against whom the NTRP Grievance was filed. **NTRP Grievances will not be accepted at National Championships.**

**GRIEVANCE FILED AGAINST:**

**Name/Title:** _____

**League Division:** _____ **NTRP Level:** _____ **Team Captain:** _____

**Team Name:** _____ **Position Played:** _____

**Local League:** _____ **District/Area:** _____ **Section:** _____

**GRIEVANCE FILED BY:**

**Name/Title:** _____ **Date:** _____ **Time:** _____

**Local League:** _____ **District/Area:** _____ **Section:** _____

**Type of Grievance:**

_____ **General Grievance (3.02A)** _____ **Eligibility Grievance (3.02D)**
_____ **Administrative Grievance (3.02B)** _____ **NTRP Grievance (3.02E)**

**Championship Level:** **District:** _____ **Area:** _____ **Sectional:** _____ **National:** _____

**Phone Number (local contact and/or cell):** _____ **E-Mail Address:** _____

**Signature:** _____

**Date, Time and Location of Match or Incident Prompting Grievance:** _____

**DESCRIPTION OF GRIEVANCE:** **(Be specific and to the point. Use the back of the page if necessary.)**

Official Use:
**Grievance Received by Grievance Committee Chair for:** _____ **Local League** _____ **District/Area** _____ **Section**

Name: _____ Date/Time: _____

**Grievance Sent to Party(ies) Complained Against:**

Name: _____ Date/Time: _____

Name: _____ Date/Time: _____

# DECISION
# of the
# USTA LEAGUE CHAMPIONSHIP GRIEVANCE COMMITTEE

**TO:** _____

**FROM: Chair, Championship Grievance Committee**

**RE: Name/Title against whom Grievance was filed:** _____

**Date Grievance Filed:** _____ **Type of Grievance:** _____ **League Division:** _____

**NTRP Level:** _____ **Team Name:** _____ **Team Captain:** _____

**Championship Level:** _____ **District** _____ **Area** _____ **Sectional** _____ **National**

**GRIEVANCE COMMITTEE DECISION:**

_____ **Grievance Denied/Dismissed** _____ **Grievance Affirmed** _____ **Penalties Imposed**

**STATEMENT:**

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**Any party to this Grievance who is considering an appeal of this decision should familiarize themselves with Section 3.04 of the USTA League Regulations.**

***Parties involved in this Grievance have until the following date and time to file a written appeal:**

**Date:** _____ **Time:** _____

**Hearing held by Grievance Committee for this Grievance:** _____ **Yes** _____ **No**

***Parties involved in this Grievance have until the following date and time to request, in writing, a hearing before the Grievance Appeal Committee if one was not held by the Grievance Committee:**

**Date:** _____ **Time:** _____

**Committee Chair (signature):** _____

**Committee Chair (printed):** _____

**Committee Member (printed):** _____

**Committee Member (printed):** _____

**Date:** _____ **Time:** _____

# USTA LEAGUE CHAMPIONSHIP GRIEVANCE APPEAL

**Any party to the Grievance who is considering an appeal of a decision of the Championship 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 and 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: _____

Location or Site of Match or Incident prompting Grievance: _____

Date and Time of Match or Incident prompting Grievance: _____

Championship Level: _____ District _____ Area _____ Sectional _____ National

**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.)**

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OFFICIAL USE:

**Championship Appeal Form received by Grievance Appeal Committee Chair:**

Name: _____ Date: _____ Time: _____

**Championship Appeal Form received by Grievance Committee Chair:**

Name: _____ Date: _____ Time: _____

**Championship Appeal Form sent to other party(ies):**

Name: _____ Date: _____ Time: _____

# DECISION
# of the
# USTA LEAGUE CHAMPIONSHIP GRIEVANCE APPEAL COMMITTEE

**TO:** _____

**FROM: Chair, Championship Grievance Appeal Committee**

**RE: Name/Title against whom Grievance was filed:** _____

**Date Grievance Appeal Filed:** _____ **Type of Grievance:** _____ **League Division:** _____

**NTRP Level:** _____ **Team Name:** _____ **Team Captain:** _____

**Championship Level:** _____ **District** _____ **Area** _____ **Sectional** _____ **National**

**GRIEVANCE APPEAL COMMITTEE DECISION (Re: Decision of Grievance Committee):**

_____ **Affirmed** _____ **Modified** _____ **Rejected** _____ **Remanded**

**STATEMENT:**

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**All parties to this Grievance should familiarize themselves with Section 3.04B of the USTA League Regulations.**

***The decision of the Grievance Appeal Committee is final and binding with the exception of a suspension of an individual or team for 12 months or more by any Local, District/Area or Sectional Grievance Appeal Committee. Refer to USTA League Regulation 3.04B(4)**.

_____ **This Grievance Appeal Decision includes a suspension of 12 months or more by a District/Area or Sectional League Championship Grievance Appeal Committee and the party(ies) so suspended has until the following date and time to file a written appeal to the National League Grievance Appeal Committee:**

**Date:** _____ **Time:** _____

**Committee Chair (signature):** _____

**Committee Chair (printed):** _____

**Committee Member (printed):** _____

**Committee Member (printed):** _____

**Date:** _____ **Time:** _____