



# USTA LEAGUE GRIEVANCE APPEAL

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## **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:

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## **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.)**

\*Parties involved in this Grievance may request a hearing before the Grievance Appeal Committee if one was not held by the Grievance Committee. This request must be received within 7 days from receipt of the Grievance Committee's Ruling.

I am requesting a hearing:            Yes            No

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**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: