



# USTA LEAGUE GRIEVANCE APPEAL

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

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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:

Signature:

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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 have until the following date and time to request a hearing before the Grievance Appeal Committee if one was not held by the Grievance Committee

**Deadline for Requesting Hearing:** \_\_\_\_\_

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: