

USTA LEAGUE GRIEVANCE FORM

**Grievance Filed Against
Name(s):**

USTA Number:

Role in Grievance:

Captain Player Coord/Staff Other

Division & Age Group:

NTRP Level Player :

and/or Team:

Team Name:

Team Captain:

Local League:

District/Area:

Section:

GRIEVANCE FILED

Role of Person(s) Filing Grievance:

BY: Name:

Captain Coord/Staff Other

Local League

District/Area:

Section:

Type of Grievance (must select at least one):

General (3.02A)

National (3.02C)

NTRP (3.02E)

Administrative (3.02B)

Eligibility (3.02D)

Phone Number:

Phone Type:

Date:

Time:

Signature:

USTA Number:

E-mail Address:

Date, Time, and Location of Match or Action Prompting Grievance:

Reason for Grievance (submit supporting documentation if necessary :

Official Use Only:

Grievance Received by Grievance Committee Chair for:

| | | |
|---------------------|----------------------|----------------|
| Local League | District/Area | Section |
|---------------------|----------------------|----------------|

Name of Chair:

Date:

Time:

Grievance Sent to Named Party(ies):

Date:

Time: