

USTA LEAGUE NATIONAL GRIEVANCE APPEAL FORM

3/23/23

To: Chair, National League Committee:

From:

Role: Captain Player Coord/Staff Other

Address:

Phone:

Type:

E-mail:

I request a hearing regarding the suspension of:

Name(s):

USTA Number:

Suspended at NTRP Level:

Gender:

Role:

 Captain Player Coord/Staff Other

Suspended from Team(s):

Section:

Area (District/State/Region):

Date of Final Grievance Appeal Decision:

Brief Written Statement (if desired):

I understand the USTA League National Grievance Appeal Committee will only hear appeals to suspensions for a period of 12 months or more; that the committee will only hear appeals to suspensions after confirmation that the appropriate local, district or sectional USTA League Grievance Appeal process has occurred; that this hearing is to ensure proper procedures were followed by the section; that this hearing will take place as soon as reasonable; that the Hearing Guidelines, as set forth in the USTA League National Grievance Appeal Committee Procedures (see following page) will be applicable; and that the majority decision of the USTA League National Grievance Appeal Committee cannot be further appealed. I will submit all documentation of original grievance, appeal, and decisions rendered, will be submitted with this form.

Signature:

OFFICE USE ONLY