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, 3.03E 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 Eligibility Grievances and NTRP Grievances which may be filed as stated in Regs. 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 Name:	Position Played:	T	eam Captain:	
Local League: District/A	District/Area:		Section:	
GRIEVANCE FILED BY:				
Name/Title:		Date:	Time:	
Type of Grievance: General Grievance (3.02A) Administrative Grievance (3.02B)		Eligibility Gr NTRP Grieva	ievance (3.02D) nce (3.02E)	
Championship Level: District	Area	_ Sectional _	National	
Phone Number (local contact and/or cell):		E-Mail Address:		
Signature:		_		
DESCRIPTION OF GRIEVANCE: (Be specific and	i to the point. Us	e the back of t	ne page ii necessary.)	
Official Use:				
Grievance Received by Grievance Committee Chair	:			
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 wl	nom Grievance was filed:	
Date Grievance Filed:	Type of Grievance:	League Division:
NTRP Level: To	eam Name:	Team Captain:
Championship Level:	District Are	ea Sectional National
GRIEVANCE COMMITTEE I	DECISION:	
Grievance Denied/Dis	smissed Griev	vance Affirmed Penalties Imposed
STATEMENT:		
Any party to this Grie		appeal of this decision should familiarize themselves with USTA League Regulations.
*Parties involved in this Grieva	ance have until the following	date and time to file a written appeal:
Date:	Time:	
		-
Hearing held by Grievance Con	nmittee for this Grievance:	YesNo
*Parties involved in this Grieva Grievance Appeal Committee i	ance have until the following of one was not held by the Gri	date and time to request, in writing, a hearing before the ievance Committee:
Date:	Time:	
Committee Chair (disease)		
Committee Chair (signature):		
•		
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 Individ	lual Appealing:		
Phone number (local contact and/or	cell):	E-mail Address	:
Signature:			
APPEALING THE GRIEVANCI	E COMMITTEE DECISION O	<u>F:</u>	
Name/Title:	Team Nar	me:	NTRP Level:
Location or Site of Match or Incide	nt prompting Grievance:		
Date and Time of Match or Inciden	t prompting Grievance:		
Championship Level:	District Area	Sectional	National
OFFICIAL USE:			
Championship Appeal Form rece	ived by Grievance Appeal Com	mittee Chair:	
Name:	Date:	Time:	
Championship Appeal Form rece	ived 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 App	peal Committee	
RE: Name/Title against whom Grievance	was filed:	
Date Grievance Appeal Filed: T	ype of Grievance:	League Division:
NTRP Level: Team Name:		Team Captain:
Championship Level: District	Area	Sectional National
GRIEVANCE APPEAL COMMITTEE DECI		
STATEMENT:		
All parties to this Grievance should fan	niliarize themselves with S	ection 3.04B of the USTA League Regulations.
		ith the exception of a suspension of an individual or evance Appeal Committee. Refer to USTA League
	and the party(ies) so susper	ns or more by a District/Area or Sectional League nded has until the following date and time to file a
Date: Time:		
Committee Chair (signature):		_
Committee Chair (printed):		_
Committee Member (printed):		_
Committee Member (printed):		_

Date: _____ Time: _____