



USTA Atlanta Grievance Form

- 1. Are you the team captain? Y/N
- 2. Is this grievance being filed within 5 days of the match? Y/N
- 3. What rule is being violated? _____ (Please see USTA Atlanta JTT rules)

COMPLAINT FILED BY:

COMPLAINT AGAINST:

Individual's Name/Title

Against Player/Team

Date Time

Team Name Age Level Team Number

Signature

Team Captain

Phone #:
e-mail address:

Location (site)

Date Occurred / Time

DESCRIPTION OF COMPLAINT (Be specific and to the point. Use back of page if necessary):

OFFICIAL USE

Received by (signature)
Grievance Committee Chair

Date/Time

Received by Party Complained Against

Date/Time