

USTA LEAGUE GRIEVANCE

Captains and coordinators should review and be familiar with Section 3.00 of the USTA League Regulations, with particular attention to Sections 3.03A, 3.03B, 3.03D, 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 Administrative Grievances, Eligibility Grievances and NTRP Grievances which may be filed as stated in Regs. 3.03A(2), 3.03B(3), 3.03C(3) and 3.03E(2).

3.03B(1) Any grievance alleging a violation by an individual or team during local league competition shall be in writing with the Local or District/Area League Coordinator or designee having jurisdiction. The grievance must be filed prior to the commencement of whichever occurs first: (a) the involved team's next match in that flight, whether or not the involved player participates or (b) within 24 hours after the end of the local league season except for Administrative Grievances (See Reg. 3.03A(2)), Eligibility Grievances (See Reg. 3.03B(3)) and NTRP Grievances (See Reg. 3.03E(3)).

3.03B(2) Upon receipt of the grievance, the Local or District/Area League Coordinator or designee shall immediately send a copy to the Chair of the appropriate League Grievance Committee or other Committee as designated in these USTA League Regulations and to the party(ies) against whom the grievance has been filed.

3.03B(3) Any 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&4) Any league captain, coordinator or member of a Championships Committee may file an NTRP Grievance. NTRP Grievances may be filed against a player at any time up to 48 hours after the conclusion of the Section Championship of the player's team, whether or not the player participated. NTRP Grievances shall be filed in writing with the Local/District/Area League Coordinator or designee having jurisdiction. NTRP Grievances shall be administered by the Sectional League NTRP Grievance Committee.

GRIEVANCE FILED AGAINST:

Name/Title: _____

League Division: _____ **NTRP Level:** _____ **Team Captain:** _____

Team Name: _____ **Position Played:** _____

Local League: _____ **District/Area:** _____ **Section:** _____

GRIEVANCE FILED BY:

Name/Title: _____ **Date:** _____ **Time:** _____

Local League: _____ **District/Area:** _____ **Section:** _____

Type of Grievance: _____

_____ **General Grievance (3.02A)** _____ **Eligibility Grievance (3.02D)**

_____ **Administrative Grievance (3.02B)** _____ **NTRP Grievance (3.02E)**

Phone Number (local contact and/or cell): _____ **E-Mail Address:** _____

Signature: _____

Date, Time and Location of Match or Incident Prompting Grievance: _____

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

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Official Use:

Grievance Received by Grievance Committee Chair for: _____ **Local League** _____ **District/Area** _____ **Section** _____

Name: _____ **Date/Time:** _____

Grievance Sent to Party(ies) Complained Against:

Name: _____ **Date/Time:** _____

DECISION
of the
USTA LEAGUE GRIEVANCE COMMITTEE

TO: _____

FROM: Chair, Grievance Committee of: _____ **Local League** _____ **District/Area** _____ **Section**

RE: Name/Title against whom Grievance was filed: _____

Date Grievance Filed: _____ **Type of Grievance:** _____ **League Division:** _____

NTRP Level: _____ **Team Name:** _____ **Team Captain:** _____

Name of Local League: _____ **District/Area** _____ **Section** _____

GRIEVANCE COMMITTEE DECISION:

_____ **Grievance Denied/Dismissed** _____ **Grievance Affirmed** _____ **Penalties Imposed**

STATEMENT:

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

***Parties involved in this Grievance have until the following date and time to file a written appeal:**

Date: _____ **Time:** _____

Hearing held by Grievance Committee for this Grievance: _____ **Yes** _____ **No**

***Parties involved in this Grievance have until the following date and time to request, in writing, a hearing before the Grievance Appeal Committee if one was not held by the Grievance Committee:**

Date: _____ **Time:** _____

Committee Chair (signature): _____

Committee Chair (printed): _____

Committee Member (printed): _____

Committee Member (printed): _____

Date: _____ **Time:** _____

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.

APPEAL FILED BY:

Name/Title: _____ Date: _____ Time: _____

League Division: _____ NTRP Level: _____ Team Name: _____

District/Area and Section of Individual Appealing: _____

Phone number (local contact and/or cell): _____ E-mail Address: _____

Signature: _____

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.)

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: _____

Date: _____ Time: _____