United States Tennis Association Incorporated
Grievance Report

Complaint Against
Name _____ Street Address_____
City _____ State_____ Zip _____
Phone ( ) _____ Email_____
Position _____ (Player, Parent, Coach, Official, etc.) Age Division_____

Filed By
Name _____ Street Address_____
Name _____ Street Address_____
City _____ State_____ Zip _____
Phone ( )_____ Email_____
Position _____(Player, Parent, Coach, Official, etc.) Age Division_____
*Signature*_____**[Grievance Reports are not confidential]**

Where Grievance Occurred
Name of Tournament _____ Date _____
Tournament Director_____ Tournament Referee_____
Phone or email_____ Phone or email_____

Details of Grievance (Be specific and include any witness contact information. Attach additional pages if necessary)

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USTA Legal Department Use Only
Date received_____ Date to Grievance_____
Date Decision _____ Date Closed _____
Date of Appeal_____ Date Appeal Decision_____
Date Closed _____