

**GRIEVANCE COMPLAINT (10)**

Only Captains, Coordinators and Tournament Committees may submit this form. Please review and be familiar with **2.02 Grievance Complaints** when completing this form.

All complaints alleging a violation by an individual or team during local league competition shall be filed in writing with the Local or District League Coordinator, or designee, having jurisdiction. The complaint must be filed prior to the commencement of the next team match in that flight involving such individual or team or within twenty-four hours after the end of local league play, whichever occurs first.

A complaint with respect to eligibility issues, including but not limited to age, membership, identity, and accurate NTRP self-rate may be filed at any time. Complaints dealing with self-rate abuse may be filed up to 48-hours after the conclusion of a self-rated players Section Championship.

Use of this form is strongly encouraged.

**2.02B(2)** Upon receipt of the complaint, the Local or State League Coordinator will immediately send a copy to the chairman of the appropriate League Grievance Committee and to the party(ies) against whom the complaint has been filed.

**Submitted to the Grievance Committee for the:**    **Local**    **Area**    **District/State**    **Section**

**COMPLAINT FILED BY:**

**COMPLAINT AGAINST:**

\_\_\_\_\_  
**Individual's Name/Title**

\_\_\_\_\_  
**Against Player/Team**

\_\_\_\_\_  
**Date**                      **Time**

\_\_\_\_\_  
**Team Name**

**Type of Grievance:**

- General Grievance (Player Conduct, on-court issues)**
- Administrative Grievance (Eligibility, procedures)**
- NTRP Grievance (Section only)**

\_\_\_\_\_  
**Position Played**

\_\_\_\_\_  
**Local League**

\_\_\_\_\_  
**Team Captain**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Local League**

**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**

**DECISION  
of the  
GRIEVANCE COMMITTEE (10)**

**TO:**       **Team Captains**

**FR:**       **Chairman, Grievance Committee**  
             **Local       Area       District/State       Section**

**RE: Grievance against:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Area/Section:** \_\_\_\_\_

**STATEMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.03B(2) If the Grievance Committee did not hold a hearing, the Grievance Appeal Committee shall do so, provided any party involved in the complaint so requests in writing. However, the committee may hear such further evidence as it, in its absolute discretion, deems appropriate.**

**Individuals involved have until the      Chairman Signature**  
**following date and time to appeal:**

\_\_\_\_\_ **Committee Member**      \_\_\_\_\_  
**Committee Member**      \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

If appealing, send to:  
Chairman of the Grievance Appeal Committee:  
(provide name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And copy:  
1) Chairman of the Grievance Committee  
2) League Coordinator  
3) Other involved individuals

**GRIEVANCE APPEAL (10)**

2010 USTA League Regulation

**2.03A(2) Play During Grievance Appeal Procedures.**

**2.03A(2)a** If the grievance was upheld, the individual is subject to all sanctions imposed by the Grievance Committee during the appeal process.

**2.03A(2)b** If the grievance was denied and appealed by the filer, the individual may participate during his/her appeal process but must understand that if the decision of the Grievance Committee is reversed, all matches played during that time may be defaulted.

**2.03A(3)** The party appealing shall file written notice of appeal with the appropriate coordinator or designee who shall send to the: chairman of the appropriate Grievance Appeal Committee; chairman of the Grievance Committee whose decision is being appealed; Local, District or Section League Coordinator, and to the other party(ies) involved in the complaint.

**APPEAL FILED BY:**

**APPEALING THE GRIEVANCE DECISION:**

\_\_\_\_\_  
**Individual's Name/Title**

\_\_\_\_\_  
**Team Name** **Level**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Player/Team**

\_\_\_\_\_  
**Team Name** **Level**

\_\_\_\_\_  
**Location (site) of incident**

\_\_\_\_\_  
**Area/District**

\_\_\_\_\_  
**Date Occurred / Tim**

\_\_\_\_\_  
Signature

**Facts and arguments in support of appeal (use back of page if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICIAL USE**

Name \_\_\_\_\_  
Received by Appeal Committee Chairman

\_\_\_\_\_  
Date Time

Name \_\_\_\_\_  
Received by Grievance Committee Chairman

\_\_\_\_\_  
Date Time

Name \_\_\_\_\_  
Received by other party

\_\_\_\_\_  
Date Time

**DECISION  
of the  
GRIEVANCE APPEALS COMMITTEE (10)**

**TO: Team Captains**

**Dated:**

**FR: Chairman, Grievance Appeal Committee**  
**Local Area District/State Section**

**RE: Grievance against:** \_\_\_\_\_

**Area/Section:** \_\_\_\_\_

**STATEMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.03B(4)** A copy of its written decision setting forth the basis of its decision shall be promptly sent to all interested parties and such decision shall be final and binding. The following exception shall apply: Any individual or team suspended by any Local, Area, or Section Grievance Appeal Committee for a period of 12 months or more may appeal the final decision of the Grievance Appeal Committee to the National League Grievance Appeal Committee within the deadline established by the Grievance Appeal Committee. The administration may not appeal the decision of the National League Grievance Appeal Committee.

**Copy to all involved parties**

**Chairman Signature** \_\_\_\_\_

**Committee Member** \_\_\_\_\_

**Committee Member** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_