

# USTA/PNW SPORTSMANSHIP COMPLAINT

PLEASE TYPE OR PRINT

## ■ COMPLAINT AGAINST:

Name \_\_\_\_\_ Position (player, parent, etc.) \_\_\_\_\_  
Address \_\_\_\_\_ Age Division \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

## ■ GRIEVANCE FILED BY:

Name \_\_\_\_\_ Position (player, parent, etc.) \_\_\_\_\_  
Address \_\_\_\_\_ Age Division \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Tournament Name \_\_\_\_\_ Tournament Date \_\_\_\_\_  
Tournament Location \_\_\_\_\_ Tournament Director \_\_\_\_\_  
Tournament Referee/Ruling Umpire \_\_\_\_\_

## ■ TYPE OF GRIEVANCE: Be specific; name witness(es) if known. Use additional page if necessary.

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

Name of player \_\_\_\_\_ City \_\_\_\_\_ vs

Name of opponent \_\_\_\_\_ City \_\_\_\_\_

## ■ DESCRIPTION OF GRIEVANCE: Be specific; name witness(es) if known. Use additional page if necessary.

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

## ► MAIL TO:

Executive Director USTA/PNW, 4840 SW Western Ave Suite 300, Beaverton OR 97005-3430