



USATF GRIEVANCE FILING FORM COMPLAINT

Date: ____/____/____
MM DD YYYY

Your Name: _____
(First) (MI) (Last) (USATF Membership No.)

Contact Information:

(Street Address) (Apt. No./Suite No.)

(City) (State) (Zip) (E-Mail Address)

(Home Phone) (Cellular Phone) (Fax)

Opposing Party: _____
(First) (MI) (Last)

Contact Information:

(Street Address) (Apt. No./Suite No.)

(City) (State) (Zip) (E-Mail Address)

(Home Phone) (Cellular Phone) (Fax)

Explain the nature of your Grievance (*must be specified in numbered and paragraphs and issue description should detail: What happened? When it happened? Where it happened? Why it happened?*)

Facts Giving Rise to Grievance:
Attach additional pages if necessary.

Date of Incident: ____/____/____
(Month) (Day) (Year)

Place of Incident: _____

Alleged Rule Violation:
Must refer to specific section of USATF Bylaws and Operating Regulation, USATF policies, or the Ted Stevens Olympic and Amateur Sports Act ; or state that the Respondent has violated the IAAF eligibility rules; or state that the Respondent has acted in a manner detrimental to the purposes of USATF or Athletics.

Relief Sought: _____

Supporting Documents:
1. _____
2. _____
3. _____
4. _____

