

GRIEVANCE COMPLAINT FORM

This complaint form must be used when filing a Grievance with USEF involving an alleged denial of an opportunity to compete. A complaint that is not filed in accordance with the USEF Bylaws shall render the filing ineffective and the complaint shall not be considered to have been properly filed. The complaint shall be filed with the USEF CEO by email to bmoroney@usef.org, with a copy to USEF General Counsel at skeating@usef.org and to the USEF Director of Regulations at epratt@usef.org. Also, claimant must serve a copy of the complaint on the affected parties at the time of filing. Any questions concerning this form or the filing of a complaint may be directed to skeating@usef.org or epratt@usef.org.

I. THE CLAIMANT

1. Claimant(s). If there is more than one claimant, please list all claimants' names and complete contact information for primary claimant. Attach additional papers if necessary.

1.1. Claimant's Name: _____

1.2. Claimant's USEF Member #: _____

1.3. Claimant's full mailing address: _____

1.4. Claimant's telephone numbers: Home (_____) _____
Work (_____) _____
Cell (_____) _____

1.5. Claimant's e-mail address: _____

1.6. Name of the authorized spokesperson or representative (i.e. lawyer, trainer, parent):

1.7. Contact details for Authorized spokesperson/representative (i.e. lawyer, trainer, parent):

1.7.1.1.1. Email address: _____

1.7.1.1.2. Telephone numbers: work () _____ /cell () _____

1.7.1.1.3. Mailing Address: _____

II. COMPETITION

Please list the competition that is the subject of the complaint:

III. STATEMENT OF THE DISPUTE

Please provide on **Attachment A** the factual and legal basis (in numbered paragraphs) upon which you allege that your opportunity to participate has been denied and why that opportunity must be protected. For selection disputes, please also provide, if available, information regarding the selection process and a copy of the relevant selection procedures.

IV. REMEDY

Please specify the outcome or relief you are seeking: _____

V. IDENTIFICATION OF AN AFFECTED PARTY

Please indicate on **Attachment B**, to the best of your knowledge, the name and contact information of any person whose selection, ranking, or other status could be affected by the decision and the reasons justifying why that person could be affected.

VI. URGENCY

To the best of your knowledge, is there an urgency to resolve the dispute and if so, provide the reasons justifying the need for an expedited procedure and the deadline to resolve the dispute:

VII. OTHER PROCEEDINGS

Are you aware of any other complaint filed or other ongoing proceedings that might have an effect on the present complaint? If yes, please provide the forum in which the complaint or proceeding is being heard and if available, the contact information of the parties involved:

VIII. SIGNATURE

The complaint must be signed by the claimant (or claimant's authorized spokesperson or representative) or where a complaint is being brought on behalf of a team, by a representative of the team. If this complaint is being submitted electronically, the person sending the e-mail shall have been deemed to have signed the complaint.

Signature of the claimant / authorized spokesperson or representative:

Signed on _____
(Date)

(Signature)

(Printed Name)

ATTACHMENT A
STATEMENT OF THE DISPUTE

ATTACHMENT B
LIST OF AFFECTED PARTIES