

HLTA GRIEVANCE FORM

(For serious violations occurring during HLTA matches)

Date Filed _____ **Date & Time of Match** _____

Location of Match _____ **Level of Play** _____

Team A (Home Team) _____

Acting Captain _____ **Phone No.** _____

Team B (Visitor) _____

Acting Captain _____ **Phone No.** _____

Names of Players Involved:

A-1. _____ **Phone No.** _____

A-2. _____ **Phone No.** _____

B-1. _____ **Phone No.** _____

B-2. _____ **Phone No.** _____

Players on adjacent courts or sidelines who witnessed incident:

Name _____ **Phone No.** _____

Name _____ **Phone No.** _____

Name _____ **Phone No.** _____

Name _____ **Phone No.** _____

Information must be complete and received by HLTA within two weeks following the date of the incident to merit review by the HLTA board members.

Use a separate sheet of paper to explain the incident. Refer to players as A-1, A-2, B-1, B-2. DO NOT USE NAMES WHEN DOCUMENTING YOUR COMPLAINT. This will ensure an objective analysis by members of the Board.

**Mail one copy to the Head League Coordinator, Carol Starnes and one copy to:
HLTA, P.O. Box 742287, Houston, TX 77274**

CAPTAIN'S SIGNATURE _____