

USATF GRIEVANCE FILING FORM COMPLAINT

USAI						Date:			
							\overline{MM}	\overline{DD}	YYYY
Your Name:									
	(First)	(MI)		(Last)		(USAT	F Membe	rship No	.)
Contact									
<u>Information</u> :				l					
	(Street Add	dress)			(Apt. No./Suite	No.)			
			_ _						
	(City)		(State)	(Zip)	(E-Mail Addres	s)			
			l		l				
	(Home Pho	one)		(Cellular Phone)			(Fax)		
Opposing Party:		1 1							
	(First)	(MI)	(Last)						
Contact									
Information:									
	(Street Add	dress)			(Apt. No./Suite	No.)			
	(City)		(State)	(Zip)	(E-Mail Address	s)			
					l				
	(Home Pho	one)		(Cellular Phone)			(Fax)		
Explain the nature of									
happened? When it h	appened? Where it	<u>happened? W</u>	<u>hy it happen</u>	<u>ed?)</u>					
Facts Giving Rise to Grievance:									
Attach additional									
pages if necessary.									
F 9									
Date of Incident:									
	(Month)	(Day) (Y	ear)						
Place of Incident:									
Alla and Dada Winlati									
Alleged Rule Violation Must refer to specific section									
Bylaws and Operating Reg	gulation,								
USATF policies, or the Te									
Olympic and Amateur Spo state that the Respondent I	rts Act ; or ——— has violated								
the IAAF eligibility rules;	or state that								
the Respondent has acted									
detrimental to the purpose or Athletics.	es of USAIF								
or immented.									
Relief Sought:									
<u>Supporting</u>									
D	1								
Documents:	1								
Documents:	23								

<u>AFFIRMATION</u>
(Grievances will be returned for failure to properly execute this page.)

I,	, do hereby affirm and swear that the statements in the				
(Printed Name) attached Grievance Filing Form dated	, 20	_, are true and do not misstate a material fact or			
omit a material fact.					
		(Signature)			
		(Signature)			
STATE OF)					
COUNTY OF)SS:					
Before me, a Notary Public, in and for said C	County and State, 1	personally appeared			
who acknowledged execution of the forgoing Grievan	nce Filing Form.				
WITNESS my hand and Notarial Seal this	day of				
	Notary Public				
My Commission Expires:					
•					
	Printed				
County of Residence					