## **CSSA Utah - Complaint and Grievance Form**

If the complaint does not contain the below information, the complaint may be dismissed without prejudice to its re-filing. If, upon review of the complaint, the appropriate committee chair determines the complaint has merit, you will be notified of your hearing date.

CompetitionTeam Manager Would you like a hearing date set to review your claid The Name and Aff Name Name Set forth the particular, factual allegations (What with each allegation set out in separate paragra specific reference to each provision of the CS violated (Please No 	m? illiation of Eac Affiliation Affiliation Affiliation at Happened aphs (Use ado SSA Code or F te the Rule Ir	YES h Party: ) that for ditional F Rules than fraction	m the basis Pages if Neco t are alleged ):	- of the complaint, essary). Include a I to have been
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Set forth any witnesses that may supp				
	ort or lend fa	ctual evi	dence to yo	ur claim:
Name	Affiliation		Phone	
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Provide any and all evidence in s	upport of the	e claimar	nts allegation	15: