

COMPLAINT FORM

SECTION 9 OF USOC BYLAWS

This Complaint Form must be used when filing a Section 9 complaint with the USOC involving an alleged denial of an opportunity to compete. A complaint that is not filed in accordance with Section 9 of the USOC 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 USOC CEO by email to michelle.stuart@usoc.org, with a copy to the USOC Legal Division at generalcounseloffice@usoc.org and gary.johansen@usoc.org. Also, Claimant must serve a copy of the Complaint on the Respondent at the time of filing. Any questions concerning this form or the filing of a complaint may be directed to the USOC Athlete Ombudsman at 888.ATHLETE (888.284.5383) or to the USOC Legal Division at 719.866.4563.

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.

1.1. Claimant's Name: _____

1.2. Claimant's full mailing address: _____

1.3. Claimant's telephone and fax numbers: Home (_____) _____
Work (_____) _____
Cell (_____) _____
Fax (_____) _____

1.4. Claimant's e-mail address: _____

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

1.6. Full mailing address of the authorized spokesperson or representative (i.e., lawyer, coach, parent. . .):

II. THE RESPONDENT

2. Respondent(s). If there is more than one respondent, please complete for all Respondents.

2.1. Respondent's name: _____

2.2. Respondent's full mailing address: _____

2.3. Respondent's e-mail address, if known: _____

III. COMPETITION

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

IV. STATEMENT OF THE DISPUTE

4. 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. If you are contesting a decision rendered by a sports organization, please provide a copy of the decision. For selection disputes, please also provide, if available, information regarding the selection process and a copy of the relevant selection procedures.

V. REMEDY

5. Please specify the outcome or relief you are seeking:

VI. IDENTIFICATION OF AN AFFECTED PARTY

6. 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 should be an Affected Party.

VII. URGENCY

7. 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:

VIII. OTHER PROCEEDINGS

8. 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:

IX. SIGNATURE

9. 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.

By signing this complaint I attest that I have served a copy of the complaint on the Respondent(s) listed in Section II.

Signature of the Claimant / Authorized Spokesperson or Representative:

Signed on _____
(Date)

(Signature)

(Printed Name)

STATEMENT OF THE DISPUTE

LIST OF AFFECTED PARTIES