**COMPLAINT FORM**

**SECTION 9 OF USOPC BYLAWS**

Section 9 of the USOPC Bylaws provides a process by which an athlete, coach, trainer, manager, administrator or other official may file a complaint with the USOPC against a National Governing Body alleging that he/she has been denied, or threatened to be denied, with the opportunity to participate in a Protected Competition, as defined in the USOPC Bylaws.

Complaints may be either filed electronically on the form below, or through email submission of [this form](https://assets.contentstack.io/v3/assets/blt9e58afd92a18a0fc/blt2210681093325caa/65a027981f2d0f6b40ad0c96/Section_9_Complaint_Form_1.11.24.docx) to dru@usopc.org with a cc to ombudsman@usathlete.org.

For more information on rights under Section 9, to seek advice regarding the opportunity to participate, or for assistance in mediating disputes, athletes may contact the Athlete Ombuds at 719.866.5000 or ombudsman@usathlete.org, or visit [www.usathlete.org](https://www.teamusa.org/Athlete-Ombuds/).

1. THE CLAIMANT (the individual bringing the complaint)

Claimant(s). If there is more than one claimant, please list all claimants’ names and complete contact information for primary claimant.

Claimant’s Name:

Claimant’s full mailing address:

Claimant’s telephone numbers: Cell ( )

Work ( )

Claimant’s e-mail address:

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

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

Representative’s telephone numbers: Cell ( )

Work ( )

Representative’s e-mail address:

1. THE RESPONDENT (the sports organization alleged to have the denied the claimant(s) the opportunity to participate in protected competition - email address of CEO is required)

Respondent(s). If there is more than one respondent, please complete for all respondents. The email address of the Respondent must be entered correctly in order to satisfy serving the Respondent.

Respondent’s name:

Respondent’s full mailing address:

Respondent’s telephone numbers: Cell ( )

Work ( )

Respondent’s e-mail address:

1. COMPETITION

Please list the competition(s) that are the subject of the complaint:

Name of Competition:

Date of Competition:

If there are additional competitions that are the subject of the complaint, please list them here:

1. STATEMENT OF THE DISPUTE

Please provide on Attachment A of the factual and legal basis (in numbered paragraphs) upon which you allege that your opportunity to participate in protected competition has been denied. Include any documents relevant to the dispute upon which the claim is made (e.g. a copy of the relevant selection procedures).

1. REMEDY

Please specify the outcome or relief you are seeking:

1. AFFECTED PART(IES)

Please identify 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.

1. URGENCY

To the best of your knowledge, please describe any reasons or deadlines suggesting an urgency to resolve the dispute and provide the reasons justifying the need for an expedited procedure:

1. 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:

1. DEMAND FOR ARBITRATION

Have you already filed a demand for arbitration, with the arbitral body designated by the USOPC, on this matter?

If yes, please specify the date of filing:

1. 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.

By signing this complaint, you attest that you 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)

**ATTACHMENT A**

**STATEMENT OF THE DISPUTE**

**ATTACHMENT B**

**LIST OF AFFECTED PARTIES**