

USA BOXING Grievance Filing Form

Date _____

Filed by _____
Address _____
City, State, Zip _____
Telephone _____
Email _____

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Telephone _____
Email _____

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Grievance Against _____
Address _____
City, State, Zip _____

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Grievance Filed Because of a Violation of (check all that apply):

Bylaws Technical Rules Competition Rules
Section# _____ Page # _____

Copy Bylaw/Rule here

Describe the alleged violation, denial or threat to deny including dates(s) of the alleged violation (please number the paragraphs and add additional pages if needed)

State the remedy requested

Signature _____

(unsigned grievances will not be considered)