Classification Protest Form

According to the World Para Swimming Classification Rules and Regulations, protests must be presented to the Chief Classifier within the following timelines:

- During the pre-competition Classification Evaluation Period within on (1) hour of the protested decision being published.
- Following Observation in Competition (for athletes with the tracking status OA), within fifteen (15) minutes of the protested decision being published.

The protest must also include a deposit of €150.00 or its equivalent. *If the Protest is not accepted, the deposit will not be returned.*

Protest launched by:				
Organization:	NPC □ _____	NF □ _____	Position:	
Name:				
Competition:				
Date and time of submission:				
Athlete protested:				
Family Name:		SDMS ID:		
First Name(s):		Gender:	Female □ Male □	
Protested Sport Class:		Sport Class Status:		

Reasons for the protest:
Please reference the relevant article(s) of the classification rules and regulations alleged to be breached and provide an explanation as to why the protest is made:

International Paralympic Committee

Adenauerallee 212-214   Tel. +49 228 2097-200   **www.worldparaswimming.org**
53113 Bonn, Germany   Fax +49 228 2097-209   Worldparaswimming@paralympic.org

Protest fee:				
Protest fee of €150 paid:	yes ☐ no ☐		Date and time:	
Paid by:				
Organization:			Position:	
Name:			Signature:	
Received by:				
Organization:			Position:	
Name:			Signature:	

Protest decision:		
Protest accepted ☐ Protest declined ☐		
If declined, please specify the reason:		
If accepted, time and location of reassessment:		
Chief Classifier name:		Signature:	

Outcome of the protest panel (if the protest is accepted):			
Sport Class changed ☐ Sport Class did not change ☐			
Sport Class after Protest:		Sport Class Status after Protest:	
Chief Classifier signature:			
NPC representative name:		NPC representative signature:	

Refund of Protest fee (applicable only if Sport Class changed following the Protest):		
I hereby confirm that I have received the protest fee on behalf of my NPC.		
Name:		Date and time:	
Signature:		