

## UWMMA COMBAT SPORTS OFFICIAL PROTEST FORM

### I. EVENT INFORMATION

Event Name: \_\_\_\_\_

Date: \_\_\_\_\_

City/Country: \_\_\_\_\_

### II. PROTESTING PARTY DETAILS

Protesting Fighter: \_\_\_\_\_

Team Representative: \_\_\_\_\_

Contact / Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### III. BOUT DETAILS

Opponent: \_\_\_\_\_

Weight Class: \_\_\_\_\_

Bout number: \_\_\_\_\_ Scheduled Rounds: \_\_\_\_\_

Result Disputed: ☐ KO/TKO ☐ Decision ☐ DQ ☐ Other: \_\_\_\_\_

**UWMMA** United World Mixed Martial Arts Organization

President: Adrian Bakos / Brunnenstraße 9 / 8598 Bottighofen / Switzerland

E-mail: [info@uwmma.org](mailto:info@uwmma.org) / Phone: +49 15756409056 / [www.uwmma.org](http://www.uwmma.org)

#### **IV. PROTEST GROUNDS (Check all applicable)**

- ☐ Judging Error (Scoring)
- ☐ Referee Error (Rules Application)
- ☐ Procedural Irregularity (e.g., timer error)
- ☐ Medical Clearance Issue
- ☐ Equipment Failure (e.g., gloves)
- ☐ Rulebook Violation (Specify Article: \_\_\_\_\_)
- ☐ Other: \_\_\_\_\_

#### **V. INCIDENT DESCRIPTION**

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#### **VI. EVIDENCE SUBMISSION**

- ☐ Video Timestamp(s): \_\_\_\_\_
- ☐ Witnesses (Names/Roles): \_\_\_\_\_
- ☐ Medical Documentation
- ☐ Other Evidence: \_\_\_\_\_

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## VII. ACKNOWLEDGEMENTS

Protesting Party Statement:

"I affirm this protest is submitted in good faith with accurate information.  
False claims may result in sanctions."

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## INSTRUCTIONS:

1. Submit the completed form and 500 U\$ protest fee to the UWMMA Event Commissioner.
2. Include your evidence and detailed explanations.
3. You will get a decision within 36 hours after the protest form is submitted, and the protest fee is paid.
4. If the protest is successful, you will get back the protest fee. If the protest is denied UWMMA will use the fee for nonprofit sports development.

## Event Official Receipt:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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--- FOR OFFICIAL USE ONLY ---

Protest Committee Assessment:

☐ Accepted for Review      ☐ Rejected (Reason: \_\_\_\_\_)

Reviewers: \_\_\_\_\_

Reviewers: \_\_\_\_\_

Reviewers: \_\_\_\_\_

Decision: ☐ Upheld ☐ Denied

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sanctions/Rulings: \_\_\_\_\_

Final Signature: \_\_\_\_\_

Best regards,  
Michael Wachter  
Vize President UWMMA

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