

CLIENT COMPLAINT FORM

Please complete the following items to help us better understand your complaint:

Name: _____

Address: _____

Daytime Telephone Number: _____

Case Number: _____

Do you have an attorney? Yes No

Name of Attorney: _____

This complaint is about: an individual(s) in the Family Court Services' mediation or investigation office.
 a Family Court Services' procedure.
 both an individual and procedure.
 the Court Order.

If an individual(s) is/are the source of your concern, please provide the name(s) below, if known:

When did the action about which you are concerned happen?

within the last month.
within the last three months.
within last year.
more than a year ago.

What is your complaint? Please be specific.

What would you like to have done as a result of this complaint:

Is your mediation or investigation in progress at this time? Yes No

Last court date: _____

Next court appearance: _____

What other information do you think is important for us to know?

Date

Signature
(An unsigned or anonymous complaint will not be accepted.)