

# Mediator Grievance

# CONFIDENTIAL

## Complaint Information *(please PRINT legibly)*

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work/cell): \_\_\_\_\_

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

Case Number: \_\_\_\_\_ Case Type: \_\_\_\_\_

Case Locale: \_\_\_\_\_ Date of Alleged Activity/Mediation: \_\_\_\_\_

Mediator's Name: \_\_\_\_\_

Non-certified Mediator (provide mediator's address if known):  
\_\_\_\_\_

Mail this form to:

Dispute Resolution Center  
Supreme Court Building  
500 S. Duval Street  
Tallahassee, FL 32399

or return to the  
Court Administrator's Office  
where the case originated.

## Description of Complaint

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach and number additional sheets if necessary)

Under penalty of perjury, I hereby certify that everything stated in this complaint is true and accurate.

\_\_\_\_\_  
Signature of Complainant

## Notary

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_ this \_\_\_\_\_  
(Name of person-print legibly)

day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Seal or Stamp of Commissioned Notary Public

Personally known or  Produced Identification (type) \_\_\_\_\_