ALTERNATIVE DISPUTE RESOLUTION
Mediator Complaint Form

We in the ADR Administrator's office appreciate your taking the time to inform us of your complaint about the services you received. We encourage you to notify us of your complaint as soon as possible. Our staff is committed to responding to your concerns in a prompt and thorough manner.

Attached is a set of questions that will help us understand the nature of your complaint in regards to ADR mediators and/or procedures. **Please complete the form and return it in person or mail it to the ADR Administrator at 1775 Concord Ave., Chico, CA 95928.**

Below is some additional information that may help you understand the complaint process in regards to civil mediators.

1. A complaint about how you were treated or about the procedures used by a civil mediator will be responded to by the ADR Administrator's office.

2. **Submitting a complaint through the use of the attached form is not an appeal for a review or reversal of court orders that have been made in your case**. An appeal is a legal process over which the ADR Administrator has no control. Also, not agreeing with the mediator's opinion or recommendation is not addressed by this complaint process. Those disagreements should be addressed in court or by the legal process.

3. Upon receipt of your complaint, the ADR Administrator will:
    - Review your complaint.
    - Determine whether your complaint is a matter that can be addressed through the complaint process or a legal matter only the courts can address.
    - Provide you with a written response to your complaint.

MEDIATION COMPLAINT FORM
FOR CIVIL MEDIATION

Please complete the following items to help us better understand your complaint. This form will not be placed in your in your court file.

Case Number: _____

Your Name:_____

Your Address:_____

Phone: _____

Mediator's Name:_____

Mediator's Address:_____

This complaint is about: ☐ A Civil Mediator

☐ An ADR procedure

☐ Both a Civil Mediator and an ADR procedure

When did the action about which you are concerned happen?

☐ Within the last month?
☐ Within the last three months?
☐ Within the last year?
☐ More than one year ago?

Please provide the date of the occurrence, if known: _____

What is your complaint? Please be specific:

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

Based on your complaint, what would resolve this issue for you?

_____ _____

Signature Date

(Unsigned or anonymous complaints will not be accepted)