

## Participant Information

- Place your name, address and telephone number in the spaces provided.
- If your grievance refers to a specific case, please provide the case number and the county or judicial circuit. If the case was not court-ordered or the grievance is not case specific, please provide the county where the alleged action(s)/mediation occurred. Also, indicate the type of case which was mediated (i.e., county, family, dependency, circuit or appellate).
- What day did the action which caused you to file take place? Place this information in the space provided.
- Provide the mediator's name where indicated. If the case was ordered to mediation by a judge, but the mediator was not a certified mediator, provide the mediator's address if possible.

## Description of Complaint

This section must contain the specific actions which prompted your complaint. **Please give an explicit, detailed account of the conduct which constitutes your grievance.**

### Example

*The mediator did not state that she is married to the opposing party's counsel. This is a required disclosure under Rule 10.340(b).*

As much as possible, refer specifically to the rule that you believe was breached. Be sure to include all pertinent information. It is crucial that the facts be carefully described. If you do not have a copy of the Rules for Certified and Court-Appointed Mediators, you can obtain them on the web at [www.flcourts.org](http://www.flcourts.org) then click Alternative Dispute Resolution, then see the rules by clicking on the left side of the page. If you do not have access to the internet you can obtain a copy by contacting the Dispute Resolution Center at the number listed above.

## Notary

The **original** grievance report must be signed and notarized. If additional sheets are attached, you **must** number the pages at the bottom (example: Page 1 of 5).

Mail your completed Mediator Grievance Report to:

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

or

The Court Administrator's Office  
in the circuit where the case originated or  
the alleged misconduct occurred

Your complaint will be referred to a Grievance Complaint Committee of the Mediator Qualifications Board. Please see rules 10.700 - 10.880, Florida Rules for Certified and Court-Appointed Mediators, for the procedures which will be followed. Until probable cause is found, all proceedings are confidential.

# 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) \_\_\_\_\_