



GEORGIA COMMISSION ON DISPUTE RESOLUTION
244 WASHINGTON ST. S.W., SUITE 300
ATLANTA, GEORGIA 30034-5900
OFFICE: 404-463-3788 FAX: 404-463-3790 WEB: www.godr.org

COURT PROGRAM COMPLAINT FORM
PLEASE TYPE OR PRINT

Your Name _____

Your Address _____

Your Home Phone _____ *Your Work Phone* _____



Program Name _____

Program Director's Name _____

Program Address _____

Program Phone _____

ADR process (i.e., mediation, arbitration, case evaluation) _____

Names and phone numbers of parties in the case (if applicable) _____

Names of parties' attorneys (if applicable) _____

Case Number (if applicable) _____

Location(s) of session(s) (if applicable) _____

Date(s) of session(s) (if applicable) _____

Date(s) of incident(s) (if applicable) _____

Name and contact information of anyone with knowledge of the subject of your complaint.

Describe your complaint and the facts on which it is based (attach more pages as needed).

What ADR Rules do you believe the court program violated?

Your signature _____ *Date* _____

Attach copies of any supporting documents and mail to:

Tracy Johnson, Executive Director
Georgia Office of Dispute Resolution
244 Washington St. SW
Suite 300
Atlanta, GA 30334-5900