



GEORGIA COMMISSION ON DISPUTE RESOLUTION
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ATLANTA, GEORGIA 30034-5900
OFFICE: 404-463-3788 FAX: 404-463-3790 WEB: www.godr.org

NEUTRAL COMPLAINT FORM
PLEASE TYPE OR PRINT

Your Name _____

Your Address _____

Your Home Phone _____ *Your Work Phone* _____



Neutral's Name _____

Neutral's Address _____

Neutral's Phone _____

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

Names and phone numbers of parties in the case _____

Names of parties' attorneys _____

Case Number _____

Court Program _____

Location(s) of session(s) _____

Date(s) of session(s) _____

Date(s) of incident(s) _____

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