



**GEORGIA COMMISSION ON DISPUTE RESOLUTION**  
244 WASHINGTON ST. S.W., SUITE 300  
ATLANTA, GEORGIA 30034-5900  
OFFICE: 404-463-3808 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.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

