



Alabama Center for Dispute Resolution
Post Office Box 5042 Montgomery, Alabama 36103-5042
Telephone: 334-356-3802
www.alabamaadr.org

ALABAMA SUPREME COURT COMMISSION ON DISPUTE RESOLUTION

MEDIATOR/ARBITRATOR COMPLAINT FORM

Notice: This complaint must be filed within a reasonable time after the mediation or arbitration. Completion of this form waives your rights to confidentiality of the mediation process only to the extent deemed necessary for the Commission to investigate and consider your complaint. You are still responsible for maintaining the confidentiality of the mediation process, and the Commission will keep all information confidential.

Your Name: _____

Your Address: _____

Your Home Phone: _____ **Your Work Phone:** _____

Your Email: _____

Mediator/Arbitrator's Name: _____

Mediator/Arbitrator's Address: _____

Mediator/Arbitrator's Phone: _____

Was this a mediation or arbitration? _____

Names and phone numbers of parties in the case: _____

Applicable case number: _____

Names of parties' attorneys: _____

Location(s) of sessions(s) _____

Date(s) of the sessions(s) _____

Date(s) of the incident(s) _____

In the space below, please describe your complaint against the mediator or arbitrator named above, and indicate all facts upon which your complaint is based. Attach more pages as needed.

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

Your cost of the mediation or arbitration or if no cost, insert no cost or paid by the other party. _____

What ethical standard do you believe the mediator or arbitrator violated: _____

For review of the Code of Ethics for Mediators or Code of Ethics for Arbitrators:

http://alabamaadr.org/web/resources/resources_ethics.php.

Your signature _____ Date: _____

Attach copies of supporting documents and mail to:

Eileen L. Harris, Executive Director

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