

# RULE 31 MEDIATOR COMPLAINT FORM

Your Name: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

Your Home Phone: \_\_\_\_\_ Your Work Phone: \_\_\_\_\_

Your Employer: \_\_\_\_\_

Your Work Address: \_\_\_\_\_

Name of Mediator: \_\_\_\_\_

Address of Mediator: \_\_\_\_\_

State exactly what the mediator has done, or failed to do, which you believe violates Rule 31. DESCRIBE YOUR COMPLAINT IN DETAIL. Use the back of this page or attach other pages for more space.

NOTE: Filing a complaint with the ADRC will not preserve your legal rights and remedies. You should pursue independent legal action and seek independent advice and counsel concerning your legal matters.

I declare under penalty of perjury that the foregoing is true and accurate. I am aware that the mediator may be notified of my complaint.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: ADRC: Attn. Programs Manager  
511 Union Street, Suite 600, Nashville, TN 37219