

# Arkansas Alternative Dispute Resolution Commission Complaint Form

Pursuant to the Commission's *Procedures for the Discipline of Mediators*, complaints or allegations made against a certified mediator must be in writing and signed by the person or persons making them, and must be filed with the Coordinator for the Commission.

**You must attach a written statement to this form explaining your reason for filing this complaint. Attach any relevant supporting documents.**

## Your Information:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Certified Mediator Information:

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

Business/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Complainants Relationship to Certified Mediator:

Client       Attorney       Co-Mediator       State Official       Other

If Other, please explain: \_\_\_\_\_

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Date of mediation: \_\_\_\_\_ Date issue occurred: \_\_\_\_\_

**Attendees at mediation:**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

During the investigation of this complaint, the Commission may request additional relevant records. If after notifying the mediator and investigating the matter, the Commission decides a hearing is warranted, the complaining party may be required to testify in front of a formal panel. If the complaining party does not appear upon request, the complaint may be dismissed.

The complaining party may be asked to sign an authorization for the release of confidential information which will allow the certified mediator to disclose information to the Commission regarding the mediation.

Complaints against certified mediators are a matter of public record and subject to the Arkansas Freedom of Information Act.

Please note that filing a complaint with the Commission will not preserve your legal rights and remedies. You should seek independent advice and counsel concerning legal matters.

I swear/affirm that the statements contained herein, and on any attached or appended documents, are true to the best of my knowledge and belief, and that I did not misrepresent any information contained in any of these documents.

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Signature

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Date

Please mail this completed form and any supporting documents to:

**Arkansas Alternative Dispute Resolution Commission**  
**625 Marshall Street**  
**Little Rock, AR 72201**  
**(501) 682-9400**