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.

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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.

The information given in this complaint is true to the best of my knowledge and belief. 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