

**COMPLAINT OF MISCONDUCT - Mediator
GEAUGA COUNTY JUVENILE COURT**

Complainant Name: _____

Case Caption: _____

Case No. _____ I.D. Number _____

Mediator Name: _____

Describe Nature of Misconduct or Violation (Include Date):

| Date | Description |
|------|-------------|
|------|-------------|

1. _____

2. _____

3. _____

[Add additional Sheets if necessary]

Signature: _____ Phone No. _____

Address: _____

Dated: _____