

**COMPLAINT OF MISCONDUCT – Parenting Coordinator
GEAUGA COUNTY JUVENILE COURT**

Complainant Name: _____

Case Caption: _____

Case No. _____ I.D. Number _____

Parenting Coordinator Name: _____

Describe Nature of Misconduct or Violation (Include Date):

Date	Description
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1. _____

2. _____

3. _____

[Add additional Sheets if necessary]

Signature: _____ Phone No. _____

Address: _____

Dated: _____ Attorney Reg. No. _____