

**COMPLAINT OF MISCONDUCT- Guardian Ad Litem  
GEAUGA COUNTY JUVENILE COURT**

To: Director of GAL Program Complainant Name: \_\_\_\_\_

Case Caption: \_\_\_\_\_

Case No. \_\_\_\_\_ I.D. Number \_\_\_\_\_

Guardian ad litem 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 Registration No. \_\_\_\_\_