STATE OF
NEBRASKA
JUDICIAL BRANCH

Office of Dispute Resolution

Mediator Grievance Form

Complainant's Name: _____

Relationship to Mediated Party: ☐Self ☐Attorney ☐Other _____

Date Formal Written Complaint Submitted to the Office of Dispute Resolution: _____

Complainants must complete the Grievance Form before the formal grievance process can begin

Optional: Informal Grievance Process attempted/date: _____

Mediator's Name: _____

CENTER(S) MEDIATOR IS AFFILIATED WITH:	☐	Concord ☐	TMC ☐	TRC ☐	MW ☐	CMC ☐	NMC ☐	

GRIEVANCE SUMMARY: Please describe your complaint regarding the mediation session and/or the mediator's actions. Use additional pages if needed. Thank you.

I attest that the information provided is true and correct to the best of my knowledge.

Complainant's Name: _____

Complainant's Address: _____

_____

Email: _____

Phone: _____

Complaint's Signature: _____

Date: _____

Submit this form electronically to: NSC.Mediation@nebraska.gov or by U.S. Mail: ODR, P. O. Box 98910, Lincoln, NE 68509

ODR-GR-F-067

Revised 8-3-2017