

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

BLYTHE 265 N. Broadway, Blythe, CA 92225
 INDIO 46-200 Oasis St., Indio, CA 92201

MENIFEE 27401 Menifee Center Dr., Menifee, CA 92584
 RIVERSIDE 4175 Main St., Riverside, CA 92501

RI-FL015

PARTY OR ATTORNEY MAKING REQUEST TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY DO NOT FILE CASE NUMBER: _____
PETITIONER: _____ RESPONDENT: _____	CASE NUMBER: _____
FAMILY COURT SERVICES COMPLAINT FORM	

Instructions: Please complete the following items to help us better understand your concerns. Client Complaints shall be submitted within ten (10) days of the child custody recommending counseling appointment. When you are done completing the form, please give the form to the family court services clerk.

This form will not be placed in the family law court file.

Is your mediation report in progress at this time? Yes No

If an individual is the source of your concern, please provide their name if known. _____

When did the action about which you are concerned happen? _____

What is your complaint? Describe: _____

(Continue on page 2 if needed)

 (SIGNATURE REQUIRED)
 (Unsigned or anonymous complaints will not be accepted)

 (DATE)

FOR OFFICE USE ONLY

Last CCRC appointment: _____ Next CCRC appointment: _____ Next Hearing: _____

Disposition: _____

 (FAMILY COURT SERVICES DEPARTMENT HEAD)

 (DATE)

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Continued from page 1:

Please do not attach additional documents including declarations, pleadings, photos, and/or emails.