

**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   <b>DO NOT FILE</b>   CASE NUMBER: _____
PETITIONER: _____  RESPONDENT: _____	CASE NUMBER: _____
<b>FAMILY COURT SERVICES COMPLAINT FORM</b>	

**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)

## FAMILY COURT SERVICES COMPLAINT FORM

Continued from page 1:

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