

STATE OF NORTH CAROLINA

_____ County

**COURT-ORDERED ARBITRATION
COMPLAINT**

Rule 3(f) of the Rules for Court-Ordered Arbitration in North Carolina

INSTRUCTIONS: Please type or print and mail along with any attachments to the chief district court judge's office in the county in which the arbitration took place or is scheduled to take place. Mailing addresses for each office can be found in the Judicial Directory at www.nccourts.gov/judicial-directory.

Name And Address Of Complainant

Telephone No. (Work or Cell)

Telephone No. (Home)

Name Of Arbitrator

Date Of Arbitration

County Where Arbitration Took Place

File No. Of Arbitrated Case

Complainant's Role In Case

Case Name Of Arbitrated Case

1. In the space below, please describe your complaint against the arbitrator named above and indicate all facts upon which your complaint is based. (If necessary, add additional pages.)

(Over)

2. Provide below names of all individuals who have knowledge of your above complaint and indicate how they may be contacted.
 (Add additional pages if necessary.)

Name And Address Of Individual 1	Name And Address Of Individual 2
Daytime Telephone No.	Daytime Telephone No.
Name And Address Of Individual 3	Name And Address Of Individual 4
Daytime Telephone No.	Daytime Telephone No.

3. Please attach to this completed form **copies** of any documents which support your complaint.

I have furnished the above information to allow the chief district court judge to investigate my complaint and I agree to cooperate with any investigation, including furnishing any evidence in my possession relating to this complaint and to my arbitration. I further authorize the chief district court judge and/or his/her designee to contact any individuals in the course of his/her investigation that were present for this arbitration or that have information about the arbitration, including my own attorney or opposing counsel. I further authorize those contacted to respond to this investigation by providing information and documents, including information and documents that might otherwise be confidential or subject to attorney-client privilege. I further agree that if a hearing is held in this matter that I will appear at the hearing or otherwise give evidence in support of my complaint. I understand that a copy of this complaint and any other information provided may be shared with the arbitrator that is the subject of this complaint. It may also be shared with witnesses listed above and with others identified during the course of any investigation.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Complainant
Title Of Person Authorized To Administer Oaths		Name Of Complainant (type or print)
<input type="checkbox"/> Notary	Date My Commission Expires	
SEAL	County Where Notarized	