**CIVIL DISPUTE COMPLAINT**

Date: Click here to enter a date.

**Party one**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Phone:** | **Email:** | **Address:** |
| **Party:** |  |  |  |
| **Attorney:** |  |  |  |

**Party two**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Phone:** | **Email:** | **Address:** |
| **Party:** |  |  |  |
| **Attorney:** |  |  |  |

**Nature of Dispute (commercial, contract, workplace etc):**

**Case Number:**

**Case Type:L**awsuit filed Y  / N  Type of ADR: Mediation  Arbitration  Facilitation  Med/Arb

**Complaint Summary:**

**Solution sought / Desired remedy:**

**Additional parties:**