

**SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
**County of Nevada**



**201 Church Street**  
**Nevada City, CA 95959**  
**(530) 362-4309**

**SELF-HELP CENTER/FAMILY LAW FACILITATOR/LAW LIBRARY**  
**PATRON COMPLAINT FORM**

Please complete the following items to help us better understand your complaint. This form will **not** be placed in your court case file. Direct your written complaint to:

Laila A. Waheed, CEO  
Superior Court of the State of California, County of Nevada  
201 Church Street, Suite 7  
Nevada City, CA 95959.

**OR** send your signed complaint by email to [admin@nccourt.net](mailto:admin@nccourt.net)

**YOUR CONTACT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**YOUR COMPLAINT**

This complaint is about:  an individual who works in the office.  
[Check all that apply]  a procedure in the office.  
 both an individual and a procedure.  
 a court order.

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?

- Exact date, if known: \_\_\_\_\_
- Within the last month.  Within the last 3 months.
- Within the last year.  More than a year ago.

**Write this information on every page if attaching additional pages starting with this one.**

Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Date: \_\_\_\_\_

What is the complaint? Please be specific.

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What would you like to have done as a result of this complaint?

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What other information do you think is important for us to know?

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Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

*[Unsigned or anonymous complaints will not be accepted.]*