

**SENECA COUNTY COMMUNITY BASED
MEDIATION PROGRAM**

Tiffin City Hall
Room 208
(419) 448- 4513

Complaint Form

Complainant's Name (Person who is requesting mediation)

Complainant's Address

Complainant's Phone Number

How did you learn about the Mediation Program?

Briefly described complaint:

Respondent's Name (Name of person named in your complaint)

Respondent's Address

Respondent's Phone Number