

Appendix 1

IN THE EASTERN CARIBBEAN SUPREME COURT

PRACTICE DIRECTION No. 6 of 2020

COURT-CONNECTED MEDIATION

COMPLAINT FORM

Mediator's Name:

Claim No: /
Names of the Parties

Date of Mediation Session:

Nature of Complaint:

Dated:

Name:

Signature of Complainant:

To: The Mediation Committee (via the Mediation Office)
(Name, address, telephone number, email)