## Appendix 1

## IN THE EASTERN CARIBBEAN SUPREME COURT

## PRACTICE DIRECTION No. 7 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)