



TEXAS MEDIATOR  
CREDENTIALING  
ASSOCIATION

# GRIEVANCE FORM

Please only print or type on this form.

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

**PART A: INFORMATION ABOUT YOU - PLEASE KEEP CURRENT**

It is necessary in order to timely process your grievance that all information be typed or printed legibly. IF BLANKS ARE LEFT ON THIS FORM OR ALL QUESTIONS ARE NOT ANSWERED THE PROCESSING OF YOUR GRIEVANCE MAY BE DELAYED.

1. YOUR NAME: \_\_\_\_\_

(First, Middle, Last, Maiden)

2. YOUR MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

3. YOUR E-MAIL ADDRESS: \_\_\_\_\_

(The TMCA may communicate with you through this e-mail address.)

4. YOUR EMPLOYER: \_\_\_\_\_

5. YOUR WORK ADDRESS: \_\_\_\_\_

YOUR WORK PHONE: \_\_\_\_\_

6. MAY WE CONTACT YOU AT YOUR EMPLOYMENT? Yes or No: \_\_\_\_\_

7. YOUR DRIVERS LICENSE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

8. NAME, ADDRESS AND PHONE NUMBER of person not in your household who can always reach you. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

9. Are you represented by an attorney now? If so, please provide:

NAME:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

10. How did you hear about the grievance process? (Circle one of the following):  
Attorney, Mediator in Complaint, TMCA Phone #, TMCA Website, Another  
mediator, TMCA Brochure, Phone Book, Court personnel, Judge,  
Other: \_\_\_\_\_

11. Do you understand and write in the English language? Yes or No: \_\_\_\_\_  
If no, what is your primary language?

\_\_\_\_\_  
Who helped you prepare this form?

\_\_\_\_\_  
Will they be available to translate future correspondence during this process?  
Yes or No: \_\_\_\_\_

12. Do you have access to the Internet? Yes or No: \_\_\_\_\_

13. Please let us know as soon as possible if you have a special need or disability that will  
require a reasonable accommodation, and let us know what accommodation you are  
requesting.

**IF ANY OF THE ABOVE INFORMATION SHOULD CHANGE IT IS  
NECESSARY THAT YOU ADVISE THE TMCA IN WRITING IMMEDIATELY.  
PLEASE DO NOT WRITE ON THE BACK OF ANY PAGES OF THIS  
COMPLAINT FORM. USE ADDITIONAL PAPER IF NECESSARY. PLEASE  
WRITE ON ONE SIDE ONLY.**

**PART B: INFORMATION ABOUT MEDIATOR**

**COMPLAINTS ARE NOT ACCEPTED AGAINST MEDIATOR FIRMS OR LAW FIRMS AND MUST SPECIFICALLY NAME THE MEDIATOR AGAINST WHOM YOU ARE COMPLAINING. A SEPARATE GRIEVANCE FORM MUST BE COMPLETED FOR EACH MEDIATOR AGAINST WHOM YOU ARE COMPLAINING.**

1. MEDIATOR'S NAME:

\_\_\_\_\_

2. ADDRESS:

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

3. Date mediator hired or appointed by a court?

\_\_\_\_\_

4. Where did the activity you are complaining about occur?:

County: \_\_\_\_\_

City: \_\_\_\_\_

**IF BLANKS ARE LEFT ON THIS FORM OR ALL QUESTIONS ARE NOT ANSWERED THE PROCESSING OF YOUR GRIEVANCE MAY BE DELAYED. PLEASE BE ADVISED THAT ALL INFORMATION COMING TO THE ATTENTION OF THE TMCA CAN BE MADE PUBLIC IF ANY SANCTION IS ISSUED OTHER THAN A PRIVATE REPRIMAND.**

## **PART C: INFORMATION ABOUT YOUR GRIEVANCE**

**By signing this Grievance Form and submitting it to the TMCA, I represent that I have read and understand the TMCA Standards of Practice and Code of Ethics and the TMCA Grievance Rules and Procedures, and that I agree to the terms and provisions of such rules and procedures.**

State fully and in detail (by typing or printing on a page or pages attached to this Grievance Form) what mediator conduct (mediator conduct is what a mediator has done or has failed to do) you believe to be in violation of the TMCA Standards of Practice and Code of Ethics, and state specifically which provision or provisions of the TMCA Standards of Practice and Code of Ethics (referred to by the number and substance of the provision) you believe the mediator conduct has violated. Include the names, addresses, and telephone numbers of all persons who know something about your grievance. Attach copies of all court papers, canceled checks or receipts showing the payment of mediator's fees, and other documents relevant to your grievance. Attach additional sheets of paper if necessary.

**(DO NOT SEND ORIGINALS, UNLESS REQUESTED.)  
ALSO, PLEASE BE ADVISED THAT A COPY OF YOUR GRIEVANCE MAY  
BE FORWARDED TO THE MEDIATOR NAMED IN YOUR GRIEVANCE.**

**PART D: WAIVER, LIABILITY, AGREEMENTS AND REPRESENTATIONS**

**WAIVER OF CONFIDENTIALITY**

I HEREBY KNOWINGLY, INTENTIONALLY, PERMANENTLY AND EXPRESSLY WAIVE, GIVE UP AND RELINQUISH ANY CONFIDENTIALITY TO WHICH I MAY BE ENTITLED BY AGREEMENT, UNDER THE LAW OR UNDER THE TMCA STANDARDS OF PRACTICE AND CODE OF ETHICS ARISING OUT OF THE MEDIATION WHICH IS THE SUBJECT OF THIS GRIEVANCE, INCLUDING, BUT NOT LIMITED TO CONFIDENTIALITY CONCERNING :

(1.) ANY COMMUNICATION RELATING TO THE SUBJECT MATTER OF ANY CIVIL OR CRIMINAL DISPUTE MADE BY A PARTICIPANT IN THE MEDIATION WHICH IS THE SUBJECT OF THIS GRIEVANCE, WHETHER BEFORE OR AFTER THE INSTITUTION OF FORMAL JUDICIAL PROCEEDINGS; (2.) ANY RECORD MADE AT THE MEDIATION; AND (3.) ANY AGREEMENT FOR CONFIDENTIALITY I MADE IN CONNECTION WITH THE MEDIATION.

I AUTHORIZE THE MEDIATOR TO REVEAL TO THE TMCA ANY DOCUMENTS OR INFORMATION THE MEDIATOR HAS IN CONNECTION WITH THE MEDIATION.

**LIABILITY**

I AGREE THAT THE TMCA, THE TMCA GRIEVANCE COMMITTEE, THE TMCA BOARD OF DIRECTORS, THOSE ACTING UNDER THE AUTHORITY OF THE COMMITTEE AND THE BOARD, AND THE REPRESENTATIVES AND EMPLOYEES OF THE TMCA, SHALL NOT BE LIABLE TO ME FOR ANY INTENTIONAL OR NEGLIGENT ACT OR OMISSION OF THE TMCA, THE TMCA GRIEVANCE COMMITTEE, THE TMCA BOARD OF DIRECTORS, THOSE ACTING UNDER THE AUTHORITY OF THE COMMITTEE AND THE BOARD, AND THE REPRESENTATIVES AND EMPLOYEES OF THE TMCA, IN CONNECTION WITH MY GRIEVANCE, WITH THE ONLY EXCEPTION BEING THAT THEY MAY BE LIABLE FOR THE CONSEQUENCES OF THEIR KNOWING AND INTENTIONAL WRONGDOING.

**INDEMNITY**

I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE TMCA, THE TMCA GRIEVANCE COMMITTEE, THE TMCA BOARD OF DIRECTORS, THOSE ACTING UNDER THE AUTHORITY OF THE COMMITTEE AND THE BOARD, AND THE REPRESENTATIVES AND EMPLOYEES OF THE TMCA, FROM AND AGAINST ANY AND ALL HARM, DAMAGES, LIABILITY, CLAIMS, CAUSES OF ACTION, EXPENSES, COSTS, AND ATTORNEY'S FEES INCURRED AT ANY TIME BY ANY OF THEM,

**AND AS THE SAME MAY BE INCURRED, AS A RESULT OF MY ACTS, MY CONDUCT OR MY OMISSIONS IN CONNECTION WITH MY GRIEVANCE.**

## **REPRESENTATION**

**I HAVE READ AND I UNDERSTAND THIS GRIEVANCE FORM. I UNDERSTAND THAT SIGNING THIS FORM CAN AFFECT MY LEGAL RIGHTS AND THAT I SHOULD OBTAIN INDEPENDENT LEGAL ADVICE BEFORE SIGNING THIS FORM.**

I have attached \_\_\_\_\_ additional pages to this four page Form.

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

Signature: \_\_\_\_\_

Refer to the "Contact Us" page of the TMCA website at [www.txmca.org](http://www.txmca.org) for the address to which to mail this form.

12-04

**"Promoting quality mediation throughout Texas."**

Texas Mediator Credentialing Association  
[www.txmca.org](http://www.txmca.org)