To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 (619) 450-7888
- ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 (619) 456-4100
- ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 340, VISTA, CA 92081 (760) 201-8300
- ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 (619) 746-6097

FAMILY COURT SERVICES COMPLAINT FORM

Family Court Services (FCS) appreciates you taking time to inform us of your complaint about the services you received through our offices. We encourage you to notify us of your complaint as early as possible. Our staff is committed to responding to your concerns in a prompt and thorough manner. **We are interested only in helping you and the courts make the best decisions possible to meet the needs and interests of your child(ren).**

COMPLAINT FORM IS NOT REQUIRED TO REQUEST A DIFFERENT COUNSELOR ON A NEW FILING

Please call the FCS office where your session took place, and request a change of counselor for future appointments.

Attached is a set of questions that will help us better understand the nature of your complaint about Family Court Services staff and/or procedures. Please complete the form and return it to the Family Court Services office at which your session took place.

A completed copy of this form must be sent to the other party and, if represented, to their attorney. If an attorney represents you, it is important that your attorney be aware of your concerns.

Below is some general information that may be helpful for you to consider regarding your complaint.

1. *Only a judicial officer can make a court order for child custody or visitation.* Family Court Services cannot reverse or change a court-ordered parenting plan. If you are concerned about the custody or visitation orders that were made by a judicial officer, you must make your appeal directly to the court for a review of the case.

2. Submitting a complaint through the use of the attached form is *not* an appeal for a review or reversal of court orders that have been made in your case. An appeal is a legal process over which Family Court Services has no control. Use of this form is, however, the proper way to express your grievances about the way in which Family Court Services handled your child custody recommending counseling session.

3. A complaint about how you were treated at Family Court Services or about the procedures used can be addressed directly by the Family Court Services office. Concerns regarding the content of the FCS report, including disagreement with the recommendations, should be addressed at the court hearing.

4. To process your complaint, the manager of Family Court Services will:

   - Review your complaint and assign for investigation, if appropriate.
   - Talk with the staff that has been involved with your case.
   - Determine whether your complaint is a matter that Family Court Services can address or a legal matter only the courts can address.

A representative of Family Court Services will respond to your concerns in writing or by telephone and provide a copy of the response to the other party and all attorneys of record.

FAMILY COURT SERVICES COMPLAINT FORM

Please complete the following items to help us better understand your complaint. **This form will not be placed in your Family Court Services (FCS) file or in your court case file.**

Name _____ Case number _____

Address _____
Number and Street Apt. #. City State Zip

Daytime phone _____

Do you have an attorney? ☐ Yes ☐ No Is your FCS report in progress at this time? ☐ Yes ☐ No

This complaint is about ☐ an individual(s) in the Family Court Services office
☐ a Family Court Services procedure
☐ both an individual and a procedure

If an individual is the source of your concern, please provide the name, if known. _____

When did the action about which you are concerned happen? ☐ Within the last month
☐ Within the last three months
☐ Within the last year
☐ More than one year ago

What is your complaint? Describe _____

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

☐ I certify that a copy of this complaint has been mailed to _____ on _____.
(Name of the other party and their attorney if represented) *(Date mailed)*

Date: _____ _____
Signature
(Unsigned or anonymous complaints will not be accepted.)

Customer surveys are available through your local Family Court Services offices if you would like to provide other feedback about the child custody recommending counseling process.

For your protection and privacy, please press the Clear This Form button after you have printed the form

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