



**Superior Court of California  
County of San Luis Obispo**

**ADMINISTRATIVE COMPLAINT FORM**

***complaints regarding court staff, facilities, administration,  
or other non-adjudicative activity***

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Evening

E-mail address: \_\_\_\_\_

***What is your status?***

- Plaintiff/Petitioner       Defendant/Respondent       Juror       Attorney  
 Witness (Incident)       Witness (Court)       Volunteer  
 Other: \_\_\_\_\_

***What type of case are you involved in (if any)?***

- Civil       Criminal       Small Claims       Traffic  
 Family Law       Probate       Other: \_\_\_\_\_

Case #: \_\_\_\_\_ Judge: \_\_\_\_\_ Courtroom#: \_\_\_\_\_

***Write a brief summary of your concern (include dates, names of officials or individuals involved).***

(If you need more space, please attach additional pages)

*What action(s) would you like the court to take?*

(If you need more space, please attach additional pages)

*Would you like a response?*     Yes     No    *Number of pages attached (if any):* \_\_\_\_\_

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

**Please return via email or mail:**

**admin@slo.courts.ca.gov**

**-or-**

**Superior Court of California  
County of San Luis Obispo  
c/o: Court Administration  
1035 Palm Street, Room 385  
San Luis Obispo, CA 93408**