CUSTODY EVALUATOR COMMENT/COMPLAINT FORM

CUYAHOGA COUNTY COMMON PLEAS COURT, DOMESTIC RELATIONS DIVISION

Please describe the nature of the comment or complaint against the custody evaluator:

Printed Name		Street Address		
Signature		City		
Date		State	Zip Code	
		Telephone Num	Telephone Number	
		Relationship to (Case	
	Send completed fo	orm to:		
	Director of Family Evalua	ation Services		
	Cuyahoga County Co	ourthouse	1	
(Adopted 03/2024)	1 W. Lakeside Avenue – Room 1		T	
	Cleveland, Ohio 44113			

mlalonde@cuyahogacounty.us