



SHL

The Self Help Legal Information Network

(310) 675-3863 ** office (310) 675-3853 ** fax

www.legalinfonetwork.com

Administrative Hearing or Complaint Questionnaire

I am providing this information for the purpose of completing a Administrative Hearing and/or Complaint. I understand if I have any questions, concerns or need legal advice I may need to contact an attorney. I understand The Self-Help Legal Information Network are not attorneys and cannot give legal advice (ie. tell me the best method for my situation, tell me what forms to complete, tell me the process, or give me their opinion). I understand that I am responsible for filing and/or serving any necessary documents unless otherwise noted.

NOTE: We provided document preparation services only. If you need advice you may need to seek the assistance of an attorney.

Name

Date

Signature

QUESTIONNAIRE

YOUR NAME: _____

YOUR ADDRESS _____

PHONE NUMBER: _____

WHAT AGENCY ARE YOU COMPLAINING ABOUT: _____

ADDRESS: _____

PHONE NUMBER: _____

WHAT IS YOUR COMPLAINT: _____

PLEASE EXPLAIN
