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Scottsdale City Court • 3700 N 75th Street Scottsdale, AZ 85251 • (480) 312-2442

Fax: (480) 312-2764 • [court@scottsdaleaz.gov](mailto:court@scottsdaleaz.gov) • [www.ScottsdaleAZ.gov/Court](http://www.ScottsdaleAZ.gov/Court)  
ORI: AZ007111J • Maricopa County, Arizona

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## Customer Complaint Form

This form is used to make a written complaint regarding a specific incident that occurred within the Scottsdale City Court and was unable to be resolved by court staff. This form cannot be used for contesting a judicial decision on a court case. Written complaints may be recorded in the court's Case Management System. **Note:** The Scottsdale City Court has no authority to address complaints pertaining to other departments within the City of Scottsdale.

## Instructions for Filing Customer Complaint Form

- 1) Complete all necessary information on the form.
- 2) Save the form and file it with the Court.

### If filing by email:

Attach the completed form and send to [court@scottsdaleaz.gov](mailto:court@scottsdaleaz.gov).

Only Word and PDF documents will be accepted. Photos (.jpeg or other photo files) will not be accepted.

### If filing by fax:

Fax the completed form to Scottsdale City Court at (480) 312-2764.

### If filing by mail:

Mail the completed form to Scottsdale City Court, 3700 North 75<sup>th</sup> Street, Scottsdale, Arizona 85251.

### If filing in person:

Bring the completed form to the Court, take a number in the lobby and wait for a Clerk to assist you or you may place your filing in the drop box.

It is the filer's responsibility to ensure the Court is in receipt of your filing. All responses will be sent via USPS mail to the last address on file.



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**Scottsdale City Court Customer Complaint Form**

Today's Date: \_\_\_\_\_

Name of Complainant (who is filing the complaint): \_\_\_\_\_

Scottsdale Court Case:            Yes                No   

If yes, list case number: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Complaint detail(s), including names persons involved in the event (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complainant Contact Information:**

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

What is the request?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURT USE ONLY:**

\_\_\_\_\_ Date Received                      Date Responded                      Staff Signature (handling the complaint)