PARTICIPANT DISPUTE RESOLUTION FORM

A participant whom is concerned regarding an agency action may present a dispute for program consideration in accordance with the participant dispute resolution policy and procedures. This Form is provided for your convenience, but you may instead report disputes verbally, in person, by e-mail or by phone as outlined in the Participant Dispute Policy and Flow Chart. It is to include the Participants name, address, reason for the dispute, the date or dates of the disagreement or incident, and a statement of the solution the participant is looking for. The Program Manager/Director will respond to the participant in writing within 10 working days.

Participant Name: Home Address:		W 1 D	
Individual(s) the dispute is against:			
	UTE TYPE type of a dispute are you filing?		
	Denial of Service Program Termination Quality of Service Other (please specify):		
Dispute Statement: Use additional pages, as necessary, to fully complete this section: 1. Describe the action or occurrence giving rise to the dispute. 2. Give the date each action occurred and name of the person who took action. 3. Explain how each action was related to the box(es) checked above.			
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Date or dates of these incidents:	
Witness(es), if any:	
Solution Participant is looking for:	
By my signature below, I declare this complaint is true and belief	and correct to the best of my knowledge
Participant Signature:	Date:

Mail to:

Community Action, Inc Attn: Equal Opportunity Officer 20 Eclipse Center Beloit, WI 53511

Other contact information:

Phone: 608-313-1300

E-mail ljones@community-action.org