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 Phone:_____

Home Address:_____ Work Phone:_____

Program involved in dispute:_____

Individual(s) the dispute is against: _____

DISPUTE TYPE

What 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.

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 correct to the best of my knowledge and belief

Participant Signature:_____Date:_____

Mail to:
Community Action, Inc
Attn: Laura Laux
20 Eclipse Center
Beloit, WI 53511

Other contact information:
Phone: 608-313-1300
E-mail: llaux@community-action.org