

## PARTICIPATION DISPUTE RESOLUTION FORM

Ib tug neeg ua muaj kev txhawj xeeb pem nws lub tsev ua hauj lwm los koos haum muaj xoj cai fill daim ntawv no raws li txoj cai pem lub tsev ua hauj lwm hais/ koos haum. Daim ntawv no yog los muab rau koj fill, tab sis, koj hais tau rau lawv thiab los xa ib daim email rau lawv, los si hu xov tooj los tau tib sib raws li lawv sau hauv daim ntawv ua muaj txoj kev los keb qhaim teeb meem. Daim ntawv no yuav tsum muaj tus tib neeg lub npe, tsev chaw nyob, cov lus uas qhia ua cas nws thiaj li fill daim ntawv no, lub hli, xyoo, hnuv thaum qhov teeb meem no tshwm sim, thiab sau ib co lub uas tus tib neeg xav paub seb lawv pab tau yus li cas. Tus Nai los tus Thawj (Program Manager/Director) mam li teb koj cov lus thiab sau ib daim ntawv rov qab rau koj tom qab 10 hnuv.

Npe/ Participant Name: \_\_\_\_\_  
\_\_\_\_\_

Xov Tooj/ Home

Phone: \_\_\_\_\_

Tsev Chaw Nyob/ Home Address: \_\_\_\_\_  
\_\_\_\_\_

Chaw ua hauj lwm xov tooj/ Work

Phone: \_\_\_\_\_

Koos Haum Lub Npe/ Program involved in  
dispute: \_\_\_\_\_

Tus/Cov Neeg Lub Npe Uas Koj Yuav Foob/ Individual(s) the dispute is  
against: \_\_\_\_\_

### **Dispute Type/ Hom Teeb Meem**

What type of dispute are you filing?/ Koj xav hais txog hom teeb meem dab tsi?

- Tsis Kam Muab Txoj Kev Pab/ Denial of Service
- Txwv Tsis Pub Muaj Hauj Lwm Nyob Nrog Hauv Lub Koos Haum/ Program Termination
- Cov Quality Ntawm Txoj Kev Pab/ Quality of Service
- Lwm Yam/ Other (please specify/ thov hais kob meej ntawm no):  
\_\_\_\_\_  
\_\_\_\_\_

### **Dispute Statement/ Cov lus uas muaj txhawj xeeb txog koj qhov teeb meem:**

Thov sau cov lus raws li koj xav rau ntawm no, siv tshaj ib daim ntawv tsis ua li cas / Use additional pages, as necessary, to fully complete this section:



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Ntawm no kuv sign kuv lub npe thiab cog lus hais tias cov teeb meem nov muaj tseeb thiab yog  
raws li kuv nsteeg thiab paub. / By my signature below, I declare this complaint is true and  
correct to the best of my knowledge and belief

Sign Koj Lub Npe:/ Participant Signature: \_\_\_\_\_

Hli, Xyoo, thiab Hnub:/ Date: \_\_\_\_\_

**Xa Rau:/ 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](mailto:ljones@community-action.org)

