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: Equal Opportunity Officer
20 Eclipse Center
Beloit, WI 53511

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