

Dispute Resolution Request

Type of Dispute: Agency Parent

Level of Dispute: Emergency Non-emergency

Date of Dispute: _____

Complainant's Name: _____

Address, City, State, Zip: _____

Phone Home Cell Agency: _____

Attach a written statement including, but not limited to specific details of the complaint, all parties involved, action previously taken toward resolution, proposed solution. Attach supporting documentation as applicable.

Signature of Complainant

Date

Return completed Dispute Resolution Request and written statement to:

Julie Voll
 Defiance County Family and Children First Council Coordinator
 Williams County Family and Children First Council Coordinator
 500 Court Street, Suite D, Defiance, OH 43512
 Phone: 419-782-6934 – Email: jvoll@defiance-county.com

Dispute Process, FCFC to complete	Date
Dispute Resolution Request Received	
Steering Committee meeting notification, all parties	
Meeting with Steering Committee	
Steering Committee resolution letter mailed	
Parent Dispute Only: State Service Coordination Committee review requested	
Agency Dispute Only: Juvenile Court final arbitration requested	