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Meigs County Family and Children First Council

Request for Dispute Resolution

Between Parent and Council Part C Agency Dispute w/County Council

**Purpose –** To request formal dispute resolution as described in the Service Coordination Mechanism. Use this form to resolve issues relating to service coordination that defy a consensus solution among members of a family team, family, or agency.

**Application –** Submit this form to the FCFC Coordinator at 175 Race Street, P.O. Box 191, Middleport, Ohio 45760 or fax to (740) 992-7500, for resolution of issues regarding service coordination. A service coordinator, provider, family member, or other member of a family team may submit this request. Any council member may submit a request regarding Council business.

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position and Agency (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issue: (Identify the reason for this request)

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Other information: (include pertinent resolution attempts and list interested parties)

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I hereby request formal resolution of the concern. (Attach any pertinent documentation or additional comments.)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_