



**Williams County  
Receipt of Dispute Resolution Process**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Initial:

\_\_\_\_\_ I have received a copy of the Williams County Family and Children First Council's Dispute Resolution Process, and it has been explained to me so I know what to do if I have a concern with my service coordination process.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Relationship to Child:

\_\_\_\_\_  
Witness:

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