

Williams County Service Coordination Dispute Resolution Request

Date: _____

Date of Dispute: _____

Type of Dispute: Agency/Agency
 Family/FCFC-Service Coordinator
 Family/Agency

Level of Dispute: Emergent (file within 3 days of dispute)
 Non-Emergent (file form within 7 days of the dispute)

Name of Service Coordination Consumer: _____

Person completing this form: _____

Agency/Role: _____

Telephone Number: _____

Relationship to family: _____

Involved Agencies:

Details of Complaint: _____

Proposed Solution: _____

Action previously taken toward resolution: _____



Date form submitted to FCFC Coordinator: _____

Return completed form to:

Robin Kemp, Williams County Family and Children First Council Coordinator
One Courthouse Square, 4th Floor
Bryan, Ohio 43506
Phone: 419-636-2059 Fax: 419-636-0643

FCFC Completes the Following:

Date of Family Coordination Team Review: _____

Date of Williams County Executive Committee Review: _____

Complaint Resolution: _____

Date written resolution issued to family/agency: _____

Unresolved Complaint/Juvenile Court Referral: The decision of the presiding Juvenile Court Judge is considered the final step in the Dispute Resolution Process:

Date referred to Juvenile Court (with supporting documentation): _____

Ruling (attach documentation): _____

FCFC Coordinator Signature

Date