



## Dispute Resolution Form

Consumers/guardians/parents/personal representatives who have grievances involving an Affiliated Service Provider(s) (CSP), or any other component of the community services system which have not been solved through the provider's internal grievance procedure may choose to use this resource. Disputes between community service providers may also be resolved through this process, as well as disputes between CSP's and the CDDO.

To request Dispute Resolution from the CDDO's Council of Community Members complete **Sections 1 and 2** of this form and submit it to the Director of CDDO Administration at Tri-Ko, Inc.

### Section 1: General Information

Name of Grievant: \_\_\_\_\_

Address of Grievant: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # of Grievant: \_\_\_\_\_ Email of Grievant: \_\_\_\_\_

Advocate for Grievant: \_\_\_\_\_

Address of Advocate: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # of Advocate: \_\_\_\_\_ Email of Advocate: \_\_\_\_\_

Statement of Dispute: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resolution Sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Section 2:  
Grievant and Individual of Dispute (Internal Grievance Procedure)**

A. Date and location of initial meeting with individual of dispute: \_\_\_\_\_

B. List all individuals present at meeting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C: Outcome of that meeting (please attach any received information, meeting notes, or responses due to that meeting): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D: State reason unsatisfied with results of the initial meeting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Signature of Case Manager or CDDO Quality Oversight staff to signify knowledge of dispute: \_\_\_\_\_

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

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

Advocate's Witnessing: \_\_\_\_\_ Date: \_\_\_\_\_



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**Section 3:  
Council of Community Members**

The outcome of this meeting will be provided in writing no later than 20 days of receipt of the written notice of dispute by the dispute resolution facilitators to the person bringing the dispute, the involved service provider, the Chairperson of the Council of Community Members and the Executive Director of Tri-Ko, Inc. All areas of agreement and continued disagreement will be outlined.

A: Date request for Dispute Resolution form received by CDDO: \_\_\_\_\_

B: Date and location of meeting with Chairperson of the Council of Community Members: \_\_\_\_\_

C: Names of Dispute Resolution Facilitators Selected:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

D: Date and location of meeting with the Dispute Resolution Team: \_\_\_\_\_

E: List of those in attendance (The Dispute Resolution Team will consist of the consumer, parents or guardian of the consumer, a personal advocate for the consumer, service provider representative, and 3 dispute resolution facilitators chosen from the Council of Community Members):

F: Outcome of Dispute Resolution Team meeting: \_\_\_\_\_

I agree with the outcome of the Dispute Resolution Team meeting

I disagree with the outcome of the Dispute Resolution Team meeting and may request Mediation

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

Advocate's Witnessing: \_\_\_\_\_ Date: \_\_\_\_\_



### Dispute Resolution Form

#### Section 4: Mediation

All parties in a local dispute have an opportunity for the intervention into the dispute by a mediator who has no decision-making authority and is impartial to the issues being discussed, and a mechanism by which any fees charged by the mediator can be shared equally between the parties to the mediation. A person shall not be denied mediation services solely because of an inability to pay the applicable fee. Mediation shall be completed no later than 40 calendar days following the receipt of written notice to the CDDO of a dispute. Any party to the dispute may decline to enter into any process of mediation if that party chooses to proceed directly to an appeal to the governing board of the CDDO (if the dispute involves the CDDO) or to KDADS. Any party to the dispute may withdraw from any mediation whenever that party believes further efforts at mediation will not likely result in resolution of the dispute.

A: Name of Mediator: \_\_\_\_\_

B: Mediation attempt(s) including those in attendance, time, dates, and outcomes of each session:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree with the mediated resolution

I disagree with the mediated resolution and wish to appeal to the governing board of the CDDO (if the dispute involves the CDDO) or to KDADS

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

Advocate's Witnessing: \_\_\_\_\_ Date: \_\_\_\_\_

Mediator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Dispute Resolution Form

#### Section 5: Governing Board or KDADS

Upon withdrawing from mediation, either party to the dispute has the right to appeal to either **a)** the governing board of the CDDO, or any other body the board may designate, if the dispute involves the CDDO as a party or **b)** to KDADS within 60 days of the initial dispute notice.

#### A: Appeal to governing board of the CDDO (if the dispute involves the CDDO)

1. Date request for appeal received by Governing Board Chairperson: \_\_\_\_\_

2. Date and location of Governing Board meeting to hear dispute: \_\_\_\_\_

\_\_\_\_\_

3. Those present at the Governing Board meeting: \_\_\_\_\_

\_\_\_\_\_

4. Decision of Governing Board: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree with the Governing Board's decision

I disagree with the Governing Board's decision

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

Advocate's Witnessing: \_\_\_\_\_ Date: \_\_\_\_\_

#### B: Appeal to KDADS

If the appeal is from a decision of the governing board of the CDDO, a written notice of appeal shall be delivered to KDADS within 10 calendar days of the appealing party's receipt of the board's decision. If the dispute does not involve the CDDO as a party, a written notice of appeal shall be delivered to KDADS within 60 calendar days of the initial dispute notice.

Contact the Office of Administrative Hearings: 1020 S. Kansas Ave. Topeka, KS 66612-1327