

LOC DISPUTE RESOLUTION FORM

Child's Name: _____
R #: _____
Date: _____

Child's Current LOC: _____

Date Concern Occurred: _____

Reason for dispute:
Actions already taken to resolve dispute:
Resolution Plan: <i>(filled out by Case Management Provider Only)</i>

Signature of Person filling out form: _____ **Date:** _____

Signature of Authorized Case Management Provider Staff: _____ **Date:** _____