

## Citizen Dispute Settlement Program

### Claimant Information (Person Filing Claim)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Apt./Suite No. \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_

### Respondent Information (Person Claim is Against)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Apt./Suite No. \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_

### Nature of Relationship

☐ Customer/Vendor      ☐ Employee/Employer      ☐ Landlord/Tenant  
☐ Neighbor/Neighbor      ☐ Other \_\_\_\_\_

**Referred By:** \_\_\_\_\_  
(How did you hear of our program)

### Circumstances of Dispute:

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### Desired Outcome:

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**Please mail or fax back completed form. Also attach any additional documents that you would like to include with your dispute. Your case will be scheduled for a Mediation Conference and both parties will be noticed by mail of the date certain. Do not hesitate to call (941) 861-7833 or (941) 749-3660 with any questions pertaining to this form. We look forward to serving you.**

**For Office Use Only**

**Date Received:**

**Scheduled:**

**CDS#**

**\*MAIL OR FAX COMPLETED FORM TO:**

**SARASOTA & DESOTO COUNTIES**

**CITIZEN DISPUTE SETTLEMENT PROGRAM  
ATTN: PAM McLEOD, PROGRAM DIRECTOR  
P.O. BOX 48927  
SARASOTA, FLORIDA 34230  
941/861-7833 PHONE      941/861-7810 FAX**

**MANATEE COUNTY**

**CITIZEN DISPUTE SETTLEMENT PROGRAM  
ATTN: SUSAN GARDNER, PROGRAM DIRECTOR  
P.O. BOX 3000  
BRADENTON, FLORIDA 34206  
941/749-3660 PHONE      941/749-3692 FAX**