Citizen Dispute Settlement Program

Claimant Information
(Person Filing Claim)

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:
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Desired Outcome:
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

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