

## Council of Community Members Dispute Resolution Request Form

The following applicant has requested dispute resolution by the Council of Community Members (CCM) as a result of a disagreement. Please complete this form and return for implementation of the CCM dispute resolution process which will be held within seven calendar days of receipt of the request.

Dispute resolution is requested between: \_\_\_\_\_ and \_\_\_\_\_  
(Entity) (Entity)

Please briefly describe the key elements of the disagreement as you see it:

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What steps have been taken to resolve this disagreement?

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What would need to be agreed to for this disagreement to be resolved?

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I understand that the Johnson County Council of Community Members serves as a public resource for assisting parties to resolve their disagreements. The information on this form may be shared with other parties involved. Please return this form to the CCM using one of the listed methods:

**Mail:** 10501 Lackman Road      **Email:** [sheri.kendall@jocogov.org](mailto:sheri.kendall@jocogov.org)  
Lenexa KS, 66219      **Fax:** 913-826-2501

Signature: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**For Office Use Only**

**The Outcome of the Dispute Resolution was:**

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