

Metro Support Services, Inc.

P.O. Box 966
Eastlake, CO
80614-0966

Phone: 720.872.2730
Fax: 720.872.2738

Receipt of Dispute Resolution Policy

I, _____, have received a copy of Metro Support Services, Inc. Dispute Resolution Policy. I have had the opportunity to read this policy and/or have someone read it to me. I have had the opportunity to have my questions answered regarding this policy. I understand that I may contact a Metro Support Services, Inc., staff person for any question I may have regarding this policy or to request assistance in the process of filing a Dispute.

I understand that a copy of this policy/procedure can be accessed on the Metro Support Services, Inc. website at any time at www.metrosupport.net.

Name of Person Receiving Services: _____

Signature: _____ Date: _____

Relationship to Person Receiving Services: _____