

WITHDRAWAL

DUE PROCESS AND/OR COMPLAINT WITHDRAWAL FORM

To be filled out for Complaint and/or Due Process Withdrawal only

CASE NUMBER: _____

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COMPLAINT WITHDRAWAL

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DUE PROCESS WITHDRAWAL

This confirms the mediation or settlement agreement between _____
and _____, herein after called the "parties,"
resulted in a mutual agreement between the parties. As a result of the agreement,
_____ hereby withdraws the complaint against

that was filed on _____.

Parent signature: _____ Date: _____

District representative signature: _____ Date: _____

Witness signature: _____ Date: _____

Please mail and/or fax to:

Ohio Department of Education
Office for Exceptional Children
Mediation Coordinator
25 South Front Street, Mail Stop 202
Columbus, OH 43231-4183
Phone: (614) 728-1113
FAX: (614) 728-1097