

**WITHDRAWAL**

**DUE PROCESS AND/OR COMPLAINT WITHDRAWAL FORM**  
To be filled out for Complaint and/or Due Process Withdrawal only

**CASE NUMBER:** \_\_\_\_\_

**COMPLAINT WITHDRAWAL**

**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) 752-1679  
FAX: (614) 728-1097