



COMPLAINT AND/OR DUE PROCESS WITHDRAWAL

_____ **Complaint Withdrawal** _____ **Case Number**

_____ **Due Process Withdrawal** _____ **Case Number**

This confirms the mediation or settlement agreement between _____

and _____ resulted in a mutual agreement between the parties.

As a result of the agreement, the complainant hereby withdraws the complaint against

_____ that was filed on _____.

Complainant's signature _____ Date _____

Please mail or email to:
Ohio Department of Education
and Workforce
Office for Exceptional Children
Mediation Coordinator
25 South Front Street
Columbus, OH 43215
Phone: 614-466-0946
OECMediationFacilitation@education.ohio.gov

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