

John R. Kasich, Governor
Dr. Richard A. Ross, Superintendent of Public Instruction

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 fax to:
Ohio Department of Education
Office for Exceptional Children
Mediation Coordinator
25 South Front Street
Columbus, OH 43215
Phone: 614-728-1113
Fax: 614-728-1097

Revised: 1/26/2015