

MEDIATION AGREEMENT

Student's Name _____ Date of Birth _____ Sex _____

Parent's Name _____

Address _____ City _____ Zip _____

Phone (Home) _____ (Work) _____

School District or Agency _____

Address _____ City _____ Zip _____

Mediator _____ Date(s) of Mediation(s) _____

Is this Mediation related to a filed complaint? Yes No Complaint # _____

Participants (List name and title or relationship to student)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TERMS OF AGREEMENT

FULL WITHDRAWAL OF COMPLAINT

I, _____, agree to withdraw the pending Complaint

_____ against the _____ School District # _____. I no longer wish to pursue this complaint and request dismissal of the proceedings without prejudice.

Parent/Adult Student's Signature(s)

_____ Date: _____

_____ Date: _____

(or)

PARTIAL WITHDRAWAL OF COMPLAINT

I, _____, agree to withdraw the following allegations or claims pending in

case # _____ against the _____ School District # _____. I request the dismissal of the following, without prejudice:

- 1.
- 2.
- 3.

I do not agree to withdraw the following allegations in the case and wish for these issues to be resolved through the State Department of Education's complaint process.

- 1.
- 2.
- 3.

Parent/Adult Student's Signature(s)

_____ Date: _____

_____ Date: _____