

STATE OF NEW MEXICO
PUBLIC EDUCATION DEPARTMENT
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HANNA SKANDERA
SECRETARY OF EDUCATION

SUSANA MARTINEZ
GOVERNOR

PARENTAL COMPLAINT WITHDRAWAL FORM

Case No.

Name of Student:

Date of Mediation/Facilitated Individualized Education Program (FIEP):

District:

Family Members Present:

School and District Representative Present:

Other Participants in Mediated Agreements/FIEP:

In complete settlement of the case listed above, the _____, District and _____, Parents(s) formally agree that the complaint(s) in this matter was/were resolved through a mediated agreement/FIEP. The Parents are hereby formally withdrawing the complaint.

Signature _____ Date _____
Parent(s)

Signature _____ Date _____
District Representative

SEB Fax No. (505) 954-0001
OGC Fax No. (505) 827-6681