

Request for Mediation of Complaint

Person Requesting Mediation

Parent

Local Educational Agency (LEA)

Student

Information related to mediation request

I request mediation from the CDE to assist in resolving the special education issue(s) submitted in the complaint dated (indicate month, date, year).

If both parties agree to pursue mediation, sign the Office of Administrative Hearings (OAH) will arrange for the mediation based on the information provided by the parties to the OAH. (see attached form)

Enter your first and last name into the signature field to certify that you agree to pursue mediation.

Parent Signature

Date

LEA Signature

Date

Extension of the 60 day timeline Based on the request for mediation of the complaint indicated above I agree to an Extension of the 60-day timeline for an investigation of this matter in order to participate in mediation, as indicated by my signature below.

Parent Signature

Date

LEA Representative Signature

Date

Parent/Guardian Contact Information

Parent/Guardian Name

Address

City

State

Zip Code

Best Contact Phone

Second Contact Phone

Email Address

Local Educational Agency Representative Contact Information

Superintendent

Special Education Director

Other

Representative Name

Local Educational Agency

Phone

Fax

Email Address

Student Information

Student Name

Address (If different from parent)

Is student over age 18 and not conserved?

Yes

No

School of attendance

FOR CDE USE ONLY

Date referred request to OAH:

Case or Tracking Number :

Investigator Name:

Investigator E-mail:

Notes: