

***FACTS RELATED TO THE ALLEGATION**

Based on your statement of violation, please include the facts relevant to the alleged violation(s). Include all important facts in this description. Example: "On October 24th, my child was not allowed extra time on his history exam." (Attach additional pages as necessary.)

***PROPOSED RESOLUTION**

Briefly explain how you would like the problem to be solved. (Attach additional pages as necessary.)

MEDIATION

The school district/agency and the complainant are encouraged to attempt resolution through mediation or an informal dispute resolution process. For information about no cost mediation or dispute resolution see the Complaint Procedures or contact the Michigan Special Education Mediation Program at (800)RESOLVE or www.cenmi.org/msemp.

Are you interested in mediation or informal resolution to try to resolve the complaint? Yes No

Would you like more written information about mediation? Yes No

Would you like to talk to another parent about mediation? Yes No

_____ Printed Name

_____ *Signature

_____ Date

NOTE: * indicates required information. Requests received without all required information will NOT be processed. A copy of the complaint must be given to both the Office of Special Education and Early Intervention Services and the district before the State Complaint is considered filed and can be investigated.