



**STAND-ALONE MEDIATION REQUEST FORM**  
 This form may be used to file a stand-alone mediation request.  
**(Mediation is voluntary for all parties included in the request)**

**Please send to:**

Date of receipt by MDOE:

Dispute Resolution Office  
 Office of Special Services and Inclusive Education  
 Maine Department of Education  
 23 State House Station  
 Augusta, ME 04333-0023  
 Email: [dueprocess.doe@maine.gov](mailto:dueprocess.doe@maine.gov)  
 Fax: (207) 624 - 6641

**Please note:** Informal resolution steps such as stand-alone mediation cannot be used to deny or delay an individual's right to file a request for a state complaint investigation or a due process hearing.

1. Name of person requesting mediation: \_\_\_\_\_  
 (Required) (please print)

**2. Contact Information:**

**Parent #1 (Required)**

Name	
Address	
City	
State/Zip code	
Email	
Home Phone	
Cell phone	

**Parent #2 (Optional)**

Name	
Address	
City	
State/Zip code	
Email	
Home Phone	
Cell phone	

**3. Child's Information (\*Required; other items are optional)**

<b>Child's Name*</b>	
Date of Birth	
List Disability	
<b>Child's residence*</b>	
Home phone	
School district/CDS site	
<b>School/ program*</b>	
Grade/Level	
Address of program	

Does the child have a current IEP? Yes  No

Is the Child tuitioned to the school/program listed above? Yes  No

If yes, which town or district is responsible? \_\_\_\_\_

Will the parent(s)/adult student be represented by an attorney or advocate in this mediation?  
Yes  No

**4. Attorney/Advocate's Information (Optional)**

Name of Attorney/Advocate	
Address	
City	
State/Zip code	
Email address	
Phone number	
Fax number	

**5. Description of the issue(s): (Required)**

Note: Completely and accurately describe the reason(s) you are asking for mediation. Please be as complete as possible including dates, names, and places when appropriate, as well as all the issue(s) you want to address, and the facts relating to those issues. **(Use additional pages if needed)**

**6. How could this problem be resolved? (Attach additional pages if necessary)**

**This form must be mailed to the Maine Department of Education, DRO, 23 State House Station, Augusta, ME 04333, or faxed to 207-624-6641, or emailed to [dueprocess.doe@maine.gov](mailto:dueprocess.doe@maine.gov). At the same time, you must send a copy to the school district Superintendent. Please sign below that you are complying with this requirement.**

I certify that I am sending this complaint investigation request to the Maine Department of Education and at the same time, I am sending a copy to the school district Superintendent.  
**(Required)**

\_\_\_\_\_  
Signature

**Signature of individual submitting request (Required)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please note: If the individual submitting this request is an adult student (18 years of age or older) and no longer under a parent's legal guardianship, the form must be signed by the adult student, not their parent.

October 2023

For additional information or assistance, you may wish to contact:

- The superintendent or special education director of the school district or CDS site board chair or regional CDS site director.
- The MDOE, Dispute Resolution Office-telephone: 207-624-6644 fax: 207-624-6641 Maine Relay 711 or email: [dueprocess.doe@maine.gov](mailto:dueprocess.doe@maine.gov)
- The Maine Parent Federation (MPF) 800-870-7746

**The Maine Department of Education provides equal opportunity in its programs and services. If you need accommodations, please contact the Dispute Resolution Office, at 207-624-6644, Maine Replay 711 or email: [dueprocess.doe@maine.gov](mailto:dueprocess.doe@maine.gov)**

Dispute Resolution Office  
Office of Special Services and Inclusive Education  
Maine Department of Education  
23 State House Station  
Augusta, ME 04333-0023  
Voice: 207-624-6644  
Fax: 207-624-6641  
TTY: MAINE RELAY 771  
Email: [dueprocess.doe@maine.gov](mailto:dueprocess.doe@maine.gov)