



Dispute Resolution Request Form

This form may be used to file a request for mediation or complaint investigation.

Please send to: Due Process Office,
 Office of Special Services,
 Maine Department of Education
 23 State House Station
 Augusta, ME 04333-0023

Date of receipt by MDOE:

1. Type of dispute resolution requested (select only **one**):

Stand-alone mediation: Complaint investigation:

If requesting a complaint investigation, are you willing to participate in mediation?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2. Name of person requesting dispute resolution (please print):

3. Contact information:

Parent #1:

Name:			
Address:			
City:			
State:		Zip code:	
Email address:			
Home phone:		Work phone:	
Cell phone:		Fax:	

Parent #2 (required information)

If information for parent #2 is not provided, please explain:

Name:	
Address:	

City:			
State:		Zip code:	
Email address:			
Home phone:		Work phone:	
Cell phone:		Fax:	

If you are filing as an Adult Student or Interested Party, please provide the following information and see *signature box on page 4*.

Name:			
Address:			
City:			
State:		Zip code:	
Email address:			
Home phone:		Work phone:	
Cell phone:		Fax:	

4. Child's Information

Child's name:			
Date of birth:		Age:	
Disability:			
Child's residence (if different from parent):			
Home phone:			
School district/CDS site child attends:			
School/program:			
Grade/level:			
Address of program:			

If the child is homeless, please provide contact information for the child.

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 complaint investigation?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, name of attorney/advocate:

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Address:

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City:

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State:

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Zip code:

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Email address:

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Phone:

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Fax:

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5. Describe the nature of the problem and any facts relating to the problem. Attach additional pages if necessary.

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

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7. What actions has the school/CDS taken to address the problem?

8. Notifications:

FOR PARENT, ADULT STUDENT OR INTERESTED PARTY:

Date you sent a copy of this completed form (this is a requirement) to your school superintendent/CDS State Director:

FOR SCHOOL ADMINISTRATION UNIT/CDS SITE:

Date you sent a copy of this completed form, with cover letter, to the parent or adult student:

Attach copy of letter from Superintendent or CDS State Director to parent or adult student.

9. Signature of individual submitting request:

Signature

Date

If you are any person other than the child's parent or legal guardian, OR, if the child is 18 years of age or older and is not subject to legal guardianship, the signature of the parent/legal guardian/adult student is required in order to release personally identifiable information as part of the dispute resolution process to all parties involved, including the complainant.

Signature of parent/legal guardian/adult student

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, Due Process Office—telephone: (207) 624-6644 fax: (207) 624-6641 Maine Relay 711 or email: patricia.neumeyer@maine.gov
- The Maine Parent Federation (MPF)—(800)-870-7746

The State of Maine Department of Education provides equal opportunity in its programs and services. If you need accommodations, please contact the Due Process Secretary Associate, Pat Neumeyer, at (207) 624-6644, Maine Relay 711 or email: patricia.neumeyer@maine.gov.

*** This information is not required but will assist the Due Process office.**