

Sanilac Intermediate School District



Withdrawal of State Complaint

Instructions: Complete this form and submit it to the ISD complaint investigator and MDE case manager. The use of this form is not required to withdraw a state complaint, it is provided to assist in timely processing of your complaint. Please provide all the information requested on the form.

State Complaint number:

Complainant Name:

District the complaint is against:

Student Name:

Date:

I submitted the state complaint listed above. **I now want to withdraw the complaint.**

I am aware that state and federal special education rules and regulations protect my right to file a state complaint and I have not been coerced into requesting this withdrawal. I am also aware that I may file another state complaint at any time that I feel the district is not fulfilling its obligation.

I understand that after this completed form is received by the MDE, no further action will be taken by the MDE on the state complaint listed above and the parties will be informed that the case is closed.

Resolution Agreement / Comments (if applicable):

Signatures:

Complainant:

Date:

District Representative:

Date: