



STATE OF NEW MEXICO  
PUBLIC EDUCATION DEPARTMENT  
300 DON GASPAR  
SANTA FE, NEW MEXICO 87501-2786  
Telephone (505) 827-5800  
[www.ped.state.nm.us](http://www.ped.state.nm.us)

Arsenio Romero, Ph.D.  
SECRETARY OF EDUCATION

MICHELLE LUJAN GRISHAM  
GOVERNOR

COMPLAINT WITHDRAWAL FORM

Case No.: \_\_\_\_\_ Date Complaint Filed: \_\_\_\_\_

Name of Parent/Complainant: \_\_\_\_\_

Name of Student: \_\_\_\_\_

School District or Charter School: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_

am formally withdrawing the above-referenced complaint. The reason I withdraw the complaint is:

☐ Parties engaged in a Facilitated IEP Meeting which resolved the issues stated in the complaint;

☐ Parties engaged in Mediation which resolved the issues stated in the complaint;  
OR

☐ Complaint withdrawn for the following other reason:

\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_