

Dispute Resolution Form Homeless Education



LEVEL 1: LIAISON DETERMINATION

Date Complaint Received: _____

Name of District: _____

Telephone Number: _____

Student's Name: _____

Area of concern (e.g. School of Origin): _____

Relevant Evidence: _____

Determination: _____

Liaison's Signature: _____

Date of Resolution: _____

APPEAL:

Petitioner signature: _____

Date: _____

Question at issue on appeal: _____

LEVEL 2: MEDIATION

Parties Present: _____

Attach notes from Mediation.

Determination: _____

Liaison's Signature: _____

Date of Resolution: _____

APPEAL:

Question at issue on appeal: _____

LEVEL 3: STATE COORDINATOR DETERMINATION

Date Complaint Received: _____

Area of concern (e.g. School of Origin): _____

Relevant Evidence: _____

Determination: _____

State Coordinator's Signature: _____

Date of Resolution: _____

APPEAL:

Question at issue on appeal: _____

LEVEL 4: FINAL STATE DETERMINATION

Area of concern: _____

Final Resolution: _____

Administrator's Signature: _____ **Date:** _____