



State Laws or WVBE Policies, Rules, or Regulations of Concern to this Claim:

*Please list, by code number or title or by policy name or number, the specific law(s) or regulation(s) you believe have been violated.*

**Details About Your Claim**

Please provide a **detailed** description of the incident(s) or action(s) for which you are filing this claim. Include information describing what, who, when, where, how, and why. You may attach additional pages or evidence as needed.

How has this incident affected you, your child, other students, the school, the county school system, or others?

To the best of your knowledge, what steps or actions, if any, have been taken to remedy this issue?

Are there any witnesses or others with direct, first-hand knowledge about this incident?

Yes     No    *If "Yes," please provide name(s) and contact information:*

**Resolution of the Issue**

How do you believe the issue(s) could be adequately addressed, resolved, or corrected?

**Confidentiality**

The filing of a Citizens' Conflict Resolution Claim, the identity of subjects and witnesses and any action taken as a result of such claim shall be confidential. Only those individuals necessary for the investigation and resolution of your claim shall be given information about it.

Please note that the Family Educational Rights and Privacy Act (FERPA) does not permit disclosure of the final results of any disciplinary proceeding against a student who may be the subject of a Conflict Resolution Claim.

**Your Signature**

By signing this form, I certify that the information is true and accurate to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Notices**

Please keep a copy of this form, complete with signature(s), and any supporting documents for your records.

*The WVBE and the West Virginia Department of Education do not discriminate on the basis of sex, race, color, religion, disability, age and national origin in employment and in administration of any of their education programs and activities.*

<b>Additional Citizen(s) Joining the Claim</b>		
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Phone Number:	Email Address:	
_____		_____
Signature		Date
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Phone Number:	Email Address:	
_____		_____
Signature		Date
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Phone Number:	Email Address:	
_____		_____
Signature		Date
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Phone Number:	Email Address:	
_____		_____
Signature		Date

*Please attach additional sheets as necessary. Any citizen joining a claim must provide, at a minimum, his/her name, address, and signature to accompany the initial filing. Signatures represent claimants' certification that information provided on this form is true and accurate to the best of their information, knowledge, and belief.*

# West Virginia Citizens’ Conflict Resolution Process

## Level 2: County Superintendent Claim Form

The West Virginia Board of Education (WVBE) has established a process for citizens to work with local education officials (such as principals and superintendents) to report and resolve problems within schools or county school systems related their legal duties. When citizens have submitted a Level 1 Claim but are not satisfied that the discussion and decision at that level are sufficient to address the problem, the next step in the process is to file a request for a conference or hearing with the county superintendent or designee (Level 2 administrator).

Please use this form to provide information about claim, including background documents and reasons you believe the Level 1 decision is not adequate. When complete, you (and any other citizens who are part of this claim) must sign and date the form and file it with the county superintendent. The Level 2 administrator will then schedule the conference or hearing, per your request, to try to find an appropriate resolution.

Citizen(s) Filing the Claim		
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Primary Phone Number:	Alternate Phone Number:	Best Hours to Call:
Email Address:	Best Method of Reaching You (select one): <input type="checkbox"/> Phone (at the times above) <input type="checkbox"/> Email	
Please use the “Additional Citizen(s) Joining the Appeal” sheet to list the names and contact information for all other Level 1 claimants joining you in this appeal. <b>You will be the primary contact</b> for the Level 2 administrator as he/she works with you to resolve this issue. Please remember to share all information about conference/hearing dates and times with your fellow citizen claimants.		
Background Information About Your Claim		
Please provide a <b>brief</b> description of the substantive issues in your initial claim (that is, the major reason you filed the claim). Attach a copy of your initial claim form, any evidence you included, and the Level 1 decision.		
State Laws or WVBE Policies, Rules, or Regulations of Concern to the Initial Claim: <i>Please list, by code number or title or by policy name or number, the specific regulation(s) you believe have been violated.</i>		
Requested Meeting: Conference or Hearing		
At this level, you have the option to request <u>either</u> a conference or a hearing with the Level 2 administrator. A conference is a meeting with the Level 2 administrator conducted in a manner similar to a Level 1 conference. A hearing is a more formal meeting, with testimony from you, other witnesses and staff members presented under oath. Hearings will be recorded, and a transcript of the proceedings will be produced; conferences will not be recorded. Please indicate which type of meeting you are requesting by selecting <b>one</b> below.		
<input type="checkbox"/> <b>Conference:</b> I request a conference with the Level 2 administrator to discuss the claim and appeal.		

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Please use this form to provide information about claim, including background documents and reasons you believe the Level 1 decision is not adequate. When complete, you (and any other citizens who are part of this claim) must sign and date the form and file it with the county superintendent. The Level 2 administrator will then schedule the conference or hearing, per your request, to try to find an appropriate resolution.

Citizen(s) Filing the Claim		
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Primary Phone Number:	Alternate Phone Number:	Best Hours to Call:
Email Address:	Best Method of Reaching You (select one): <input type="checkbox"/> Phone (at the times above) <input type="checkbox"/> Email	
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<input type="checkbox"/> <b>Conference:</b> I request a conference with the Level 2 administrator to discuss the claim and appeal.		

**Hearing:** I request a hearing with the Level 2 administrator to review this issue formally and under oath.

**Reason for Appeal**

Please describe the reason(s) you are appealing the Level 1 decision. As appropriate, include a description of the reason(s) why you believe the decision is not sufficient to address the issue(s) presented in your claim. You may attach additional evidence not included in your Level 1 claim that you believe is relevant.

**Resolution of the Issue**

How do you believe the issue(s) could be adequately addressed, resolved, or corrected?

**Confidentiality Terms**

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Please note that the Family Educational Rights and Privacy Act (FERPA) does not permit disclosure of the final results of any disciplinary proceeding against a student who may be the subject of a Conflict Resolution Claim.

**Your Signature**

By signing this form, I certify that the information is true and accurate to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Notices**

You must file this form with your county superintendent within **15 days** of receiving the Level 1 decision. Your conference or hearing should be conducted within 15 days of the superintendent's receipt of your form. The Level 2 administrator will render a written decision within 15 days following a conference or 25 days following a hearing.

Please keep a copy of this form, complete with signature(s), and any supporting documents for your records.

*The WVBE and the West Virginia Department of Education do not discriminate on the basis of sex, race, color, religion, disability, age and national origin in employment and in administration of any of their education programs and activities.*

*The Citizens' Conflict Resolution Process is to be used when a citizen believes a school or county school system has violated state law or the policies, rules, and regulations of the WVBE. The process is not to be used in situations where the county does not have the authority to act or where there is another solution specifically provided by law (such as with the placement of exceptional students). It is also not to be used for personal complaints about school or county school system employees.*

Additional Citizen(s) Joining the Appeal		
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Phone Number:	Email Address:	
_____		_____
Signature		Date
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Phone Number:	Email Address:	
_____		_____
Signature		Date
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Phone Number:	Email Address:	
_____		_____
Signature		Date
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Phone Number:	Email Address:	
_____		_____
Signature		Date

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