

# West Virginia Citizens' Conflict Resolution Process

## Level 3: State Superintendent Review 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 districts related their legal duties. When citizens have submitted both a Level 1 Claim and a Level 2 Claim but are still not satisfied that the decisions at those levels are sufficient to address the problem, the final step in the process is to request a review by the State Superintendent at the West Virginia Department of Education (WVDE) or his/her designee (Level 3 administrator).

Please use this form to provide information about your request, including reasons you believe the Level 2 decision is not adequate. You **must include copies** of the Level 1 and Level 2 decisions any supporting documents (such as your Level 1 claim form and Level 2 appeal form along with any records or evidence you provided at those levels). If you requested a hearing for your Level 2 appeal, you should request that the Level 3 administrator forward a copy of the transcript to the State Superintendent's office. When you have completed the form and compiled the documentation, you (and any other citizens who are part of this claim) must sign and date the form and file it with the State Superintendent.

When the Level 3 administrator has received all of the relevant documents, he or she will review your claim and conduct any additional inquiry that may be needed and/or helpful. The decision rendered by the Level 3 administrator shall be **final**.

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 Request" sheet to list the names and contact information for all other Level 1 claimants joining you in this request. <b>You will be the primary contact</b> for the Level 3 administrator throughout the review of this issue. Please remember to share all pertinent information with your fellow citizen claimants.		
Background Information About Your Claim and Appeal		
Please provide a <b>brief</b> description of the substantive issues in your initial claim and your subsequent appeal (that is, the major reason(s) you filed the claim and the appeal). Attach a copies of your Level 1 claim and Level 2 appeal forms, any evidence you included, and the Level 1 and Level 2 decisions. If a Level 2 hearing was held, request that a copy of the transcript be forwarded to the Level 3 administrator.		
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>		

Reason for Requesting Review
<p>Please describe the reason(s) you are requesting a review by the State Superintendent. As appropriate, include a description of the reason(s) why you believe the decisions at Level 1 and Level 2 are not sufficient to address the issue(s) presented in your claim. You may attach additional evidence that you believe is relevant.</p>
Resolution of the Issue
<p>How do you believe the issue(s) could be adequately addressed, resolved, or corrected?</p>
Confidentiality Terms
<p>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.</p> <p>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.</p>
Your Signature
<p>By signing this form, I certify that the information is true and accurate to the best of my information, knowledge, and belief. I further certify that I understand that the decision rendered by the State Superintendent (or designee) is final.</p>
<p>_____</p> <p>Signature <span style="float: right;">Date</span></p>
Notices
<p>You must file this request with the State Superintendent of Schools within <b>30 days</b> of receiving the Level 2 decision. The Level 3 administrator will render a written decision within 30 days of completing his/her review. The time required to complete a review will vary based on the complexities of the claim.</p> <p><b>Decisions rendered at Level 3 are final.</b> There are no further steps in the West Virginia Citizens' Conflict Resolution Process.</p> <p>You may choose to keep a copy of this form, complete with signature(s), and any supporting documents for your own records.</p> <p><i>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.</i></p>

*The Citizens' Conflict Resolution Process is to be used when a citizen believes a school or district has violated state law or the policies, rules, and regulations of the WVBE. The process is not to be used in situations where the district 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 district employees.*

Additional Citizen(s) Joining the Request		
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 or appeal 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 and that **they understand Level 3 decisions are final.***