

# West Virginia Citizens' Conflict Resolution Process

## Level 1: Initial 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 to their legal duties. When citizens believe there has been a violation of state law or the policies, rules, and regulations of the WVBE, the first step in the process is to meet with the local principal or designee (Level 1 administrator) to discuss the issue. WVBE policies may be reviewed at <http://wvde.state.wv.us/policies/>. The West Virginia Code may be reviewed at <http://www.legis.state.wv.us/WVCODE/Code.cfm> .

Please note that this 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 employees.

Use this form to provide as much information as possible about the issue or violation you have observed. When complete, you (and any other citizens who are joining you in this claim) must sign and date the form and file it with the principal at your local school. He/she or a designee (Level 1 administrator) will then schedule an informal conference with you to talk about the claim and 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	
What best describes your role? <input type="checkbox"/> Citizen <input type="checkbox"/> Student <input type="checkbox"/> Parent/guardian of a student <input type="checkbox"/> Educator or other school staff* <input type="checkbox"/> Other relative of a student <input type="checkbox"/> Other: _____		
<i>* If you have a reasonable expectation of need for protection from retribution or retaliation, please contact your Level 2 administrator pursuant to Policy 4373, Chapter 5, Section 3.</i>		
Please use the "Additional Citizen(s) Joining the Claim" sheet to list the names and contact information for all other claimants. <b>You will be the primary contact</b> for the Level 1 administrator as he/she works with you to resolve this issue. Please remember to share all information about conference dates and times with your fellow citizen claimants.		
Basic Information About Your Claim		
Please provide information that best describes the institutions and/or individuals involved in your claim; dates on which the incident(s) occurred; and specific laws, policies, or rules involved. You will have an opportunity to provide detailed information on the next page.		
Party Causing the Violation: <input type="checkbox"/> Individual Person/Staff Member <input type="checkbox"/> School <input type="checkbox"/> County		
Name of School: _____ Name of County: _____ Name(s) of Individual(s): _____		
Date(s) of Incident(s): _____		<i>You may list the date you first became aware of the incident or violation.</i>

<p><b>State Laws or WVBE Policies, Rules, or Regulations of Concern to this Claim:</b>  <i>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.</i></p>
<b>Details About Your Claim</b>
<p>Please provide a <b>detailed</b> 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.</p>
<p>How has this incident affected you, your child, other students, the school, the county school system, or others?</p>
<p>To the best of your knowledge, what steps or actions, if any, have been taken to remedy this issue?</p>
<p>Are there any witnesses or others with direct, first-hand knowledge about this incident?  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <i>If "Yes," please provide name(s) and contact information:</i></p>
<b>Resolution of the Issue</b>
<p>How do you believe the issue(s) could be adequately addressed, resolved, or corrected?</p>
<b>Confidentiality</b>
<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>
<b>Your Signature</b>
<p>By signing this form, I certify that the information is true and accurate to the best of my information, knowledge, and belief.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"><span>Signature</span><span>Date</span></p>
<b>Notices</b>
<p>Please keep a copy of this form, complete with signature(s), and any supporting documents for your 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>

Additional Citizen(s) Joining the Claim		
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.*