

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.

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.