

NOTE: To be used for Citizens, Students or Employees.

DISCRIMINATION PROHIBITED: As required by federal laws and regulations, the Calhoun County Board of Education does not discriminate on the basis of sex, race, color, religion, handicapping condition, or national origin in employment or in its educational programs and activities. Inquiries may be referred to Kathryn Nichols, Title IX Coordinator, Calhoun County Board of Education at Mt. Zion, WV 26151, Phone: 354-7011; to Section 504 Coordinator, Calhoun County Board of Education, 540 Alan B. Mollohan Drive; Mt. Zion, WV 26151, Phone: 354-7011; or to the Department of Education's Director of the Office for Civil Rights.

**CITIZENS APPEAL FORM
LEVEL I**

Calhoun County Schools

*This form is to be completed only after an informal conference with the principal or administrator in charge. The appeal procedure approved by the West Virginia Board of Education should be reviewed prior to submitting a formal appeal. Copies are available at the office of the State Superintendent of Schools, the office of the county Board of Education and at each public school. The principal has ten working days to respond to this level citizens appeal.

CITIZEN(S) APPEAL

Name:	Address:	Phone:
Name:	Address:	Phone:

(Note: If more than two citizens are filing the appeal, the names, addresses, and signatures are to be given on the reverse side of this form.)

INFORMATION REGARDING APPEAL

“An ‘appeal’ is a claim by one or more citizens of a violation of state law or the policies, rules and regulations of the West Virginia Board of Education.”

Please identify the state law or the policy, rule or regulation of the state board of education claimed to have been violated:

In the space provided below briefly describe the problem or concern, how it affects you, and how you think it should be corrected. (Additional information may be attached.)

Date	Signature(s)
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A-I

Additional Aggrieved Citizens

1.	Name:	Phone:
Address:		Signature:
2.	Name:	Phone:
Address:		Signature:
3.	Name:	Phone:
Address:		Signature:
4.	Name:	Phone:
Address:		Signature:
5.	Name:	Phone:
Address:		Signature:
6.	Name:	Phone:
Address:		Signature:
7.	Name:	Phone:
Address:		Signature:
8.	Name:	Phone:
Address:		Signature:

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Coordinator, Calhoun County Board of Education at Mt. Zion, WV 26151, Phone: 354-7011; to Section 504
Coordinator, Calhoun County Board of Education, 540 Alan B. Mollohan Drive; Mt. Zion, WV 26151, Phone: 354-
7011; or to the Department of Education's Director of the Office for Civil Rights.

**CITIZENS APPEAL FORM
LEVEL II
(To County Superintendent)**

Calhoun County Schools

*For a Level II appeal to be considered, it must be presented to the county superintendent within fifteen days after receiving the decision from Level I. While the original claim may not be altered greatly in content or wording, additional supportive information may be provided.

CITIZEN(S) MAKING APPEAL

Name:	Address:	Phone:
Name:	Address:	Phone:

Date	Signature(s)
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NOTE: Upon receipt of this appeal, the county superintendent or his/her designee(s) shall have a conference with the citizen(s) in an attempt to resolve the appeal.

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**CITIZENS APPEAL FORM
LEVEL III
(To County Board of Education)**

Calhoun County Schools

*For a Level III appeal to be considered by the county board of education, it must be presented to the county Superintendent within fifteen days after receiving the decision from Level II. While the original claim may not be altered greatly in content or wording, additional supportive information may be provided.

CITIZEN(S) MAKING APPEAL

Name:	Address:	Phone:
Name:	Address:	Phone:

Date	Signature(s)
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REQUEST FOR A HEARING

Citizen(s) are entitled to a hearing before the county board of education if requested at the time the Level III appeal is filed.

I/we do _____, do not _____ request a hearing before the county board of education.

Date:	Signature(s):
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**CITIZENS APPEAL FORM
LEVEL IV
(To State Superintendent of Schools)
Calhoun County Schools**

*If the citizen(s) is/are not satisfied with the decision of the county board of education at Level III, that decision may be appealed to the state superintendent of schools, if filed within thirty days. The citizen(s) shall include with this form a statement of basic facts related to the appeal plus copies of the appeals and decisions at all lower levels, available transcripts of hearings, and any other supportive information. A copy of all information provided the state superintendent shall, at the same time, be transmitted to the county Superintendent of Schools.

CITIZEN(S) MAKING APPEAL

Name:	Address:	Phone:
Name:	Address:	Phone:

Date	Signature(s)
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RESPONDENT

County Board of Education

County Superintendent

At the request of either party, a hearing shall be conducted by the state superintendent or his/her designated hearing officer.

I/we do _____, do not _____ request a hearing before the state superintendent of schools or his/her designated hearing officer on this appeal.

I/we do hereby swear that the matters set forth in this appeal are true insofar as is known. I/we certify that a copy of this Level IV appeal and accompanying information has been provided the county superintendent of schools.

Date

Signature(s)

Date

Signature(s)

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**RESPONSE FORM
CITIZENS APPEAL
(For Levels I, II, III)
Calhoun County Schools**

Appeal Level _____

Citizen's Name _____ Address _____

Citizen's Name _____ Address _____

*Copies of this response shall be provided all parties. When the decision is not in favor of the citizen(s), a copy of the appeal form for the next level will accompany this response.

FINDINGS: _____

DECISION: _____

Date

Signature(s)

FINDINGS:

DECISION:

FINDINGS:

DECISION:
