



Request for Technical Review/Dispute Resolution Form – Level 2

Date of Request: _____

Program Name: _____

Type of Request – Review below and indicate which process is most appropriate for your situation:

Process	Technical Review	Dispute Resolution	Dispute Resolution for Suspension
Description	Used to document errors in documentation or calculations.	Used to address instances where Delaware Stars protocols were not used to fidelity or where any component of the rating or verification was applied inappropriately or instances of inappropriate or unprofessional actions on the part of a Delaware Stars employee resulted in an incorrect rating.	Used to address instances where a program feels they were suspended from Delaware Stars without sufficient cause.
Initiation	Must occur within 10 days after Receiving Level 1 Report	Must occur within 10 days after Receiving Level 1 Report	Must occur within 10 days after Receiving Level 1 Report
Result	The Management Team from Delaware Stars will review the information. If review determines an erroneous ERS rating or verification for a Star Level Designation, the rating will be corrected on the appropriate documentation.	The Management Team from Delaware Stars will review the information. If review determines that an erroneous rating or Star Level Designation has resulted, the rating will be corrected on the appropriate documentation.	A designated State Team will review the information. If it is determined that the program was terminated without sufficient cause, the program will be reinstated into Delaware Stars.
Please Check One	Initiate a Level 2 Technical Review	Initiate a Level 2 Dispute Resolution	Initiate a Level 2 Dispute Resolution

Description and Documentation:

Attach a narrative describing the issue/situation in as much detail as possible. Provide as much documentation as possible for review. Provide reasons why you do not agree with the report and response to your Level 1 Technical Review or Dispute Resolution.

Authorizing Signature (Program Director MUST sign to begin this process):

 Program Director Signature

 Program Director Title

 Program Director Email

 Program Director Phone

Date Received by Delaware Stars: _____