



COMPLAINT FORM FOR FEDERAL PROGRAMS

UNDER THE ELEMENTARY & SECONDARY EDUCATION ACT (ESEA)

COMPLAINANT INFORMATION

Complainant Name: _____
 Mailing Address: _____
 Phone Number (1): _____ Phone (2): _____

VIOLATION INFORMATION

Date the violation occurred: _____
 Federal statute or regulation violated: _____
 Statement of the violation that occurred:
 (attach additional sheets if necessary) _____
 Please list the facts on which the statement is based and the specific requirement allegedly violated.
 (attach additional sheets if necessary) _____

	Contact 1	Contact 2
Name:	_____	_____
Phone:	_____	_____
Email:	_____	_____

List the names and telephone number of individuals who can provide additional information about this complaint.

Has a similar complaint been filed with any other government agency? YES NO If yes, name of agency: _____

Please attach/enclose copies of all applicable documentation supporting your position.

Signature of Complainant: _____ Date: _____

Mail this form to:
 Mr. Jorge Gomez
 Executive Director of Administration and Policy, CEO Superintendent's Office
 Gwinnett County Public Schools
 437 Old Peachtree Road, NW
 Suwanee, GA 30024-2978