

**Long County School System
Complaint Form for Federal Programs under
the No Child Left Behind Act of 2001**

Please Print

Name (Complainant):

Mailing Address:

Physical Address (if different from above):

Phone Number (home):

Phone Number (Cell):

Phone Number (work):

Agency/agencies complaint is being filed against:

Date on which violation occurred:

Statement that the Georgia Department of Education, local school system, other agency or consortium of agencies has violated a requirement of a Federal statute or regulation that applies to an applicable program (include citation to the Federal statute or regulation) (attach additional sheets if necessary):

The facts on which the statement is based and the specific requirement allegedly violated (attach additional sheets if necessary):

List the names and telephone numbers of individuals who can provide additional information.

Has a complaint been filed with any other government agency? If so, provide the name of the agency.

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

Signature of Complainant

Date

**Mail this form to:
Long County School System
Attn: Superintendent
P. O. Box 428
Ludowici, GA 31316**