**Social Circle City Schools**

**Complaint Form for Federal Programs**

Please Print

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| Name of Complainant: |
| Mailing Address: |
| Phone Number (home/cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Program complaint is being filed against: |
| Date on which violation occurred: |
| Statement that the Social Circle City School System has violated a requirement of a Federal statute or regulation that applies to an applicable program (include citation to the Federal statute or regulation): |
| 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 Complaintant and Date: |

Mail or Deliver this form to:

Federal Programs Director

147 Alcova Drive

Social Circle City Schools

Social Circle, Georgia 30025 Rec:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_