

Habersham County Schools
FY14 COMPLAINT FORM FOR FEDERAL PROGRAMS UNDER THE
THE ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965 (ESEA)

Page 1 of 2

Please Print

Name (Complainant):
Mailing Address:
Phone Number (home):
Phone Number (work):
Agency/agencies complaint is being filed against:
Date on which violation occurred:
Statement that the Habersham County School District, 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):

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Page 2 of 2

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

Has a complaint has 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:

Habersham County Schools
P.O. Box 70
Clarkeville, Georgia 30523