



**Toombs County Schools
Complaint Form for Federal Programs under the
Elementary and Secondary Education Act of 1966**

Please print:

Name (Complainant):
Mailing Address:
Phone number (Home): Phone number (Work): Phone number (Cell):
Agency/agencies complaint is being filed against:
Date on which violation occurred:
Statement that the Toombs County Schools 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 requirements allegedly violated (attach additional sheets if necessary):

Signature of Complainant

Date

Signature of District Personnel

Date