

Rabun County Schools Complaint Form for Federal Programs under the ESSA Act
(Please print)

Name (Complainant):

Mailing Address:

Phone Number (home):

Phone Number (work):

Person/department complaint is being filed against:

The date on which the violation occurred:

Statement that the Rabun County 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—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.

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

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

Signature of Complainant:

Date:

Mail or deliver this form to:
Superintendent
Rabun County Schools
963 Tiger Connector Road
Tiger, GA 30576

Date Received:

Date of Response to Complainant: