

Effingham County Board of Education

Federal Program's Complaint Form

Name (Complainant)
Mailing Address:
Phone Number (home):
Phone Number (work):
Program/School/Person/Department(s) complaint is being filed against:
Date on which violation occurred:
Statement that the Effingham 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.

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:

Effingham County School District Superintendent

Effingham County Board of Education

405 North Ash Street

Springfield, Georgia 31329

Office use only:

Date Received: _____