



DIVISION OF SCHOOL IMPROVEMENT & OPERATIONS  
OFFICE OF FEDERAL PROGRAMS

**COMPLAINT FORM FOR FEDERAL PROGRAMS**

**UNDER THE ELEMENTARY & SECONDARY  
EDUCATION ACT (ESEA)**

**COMPLAINANT INFORMATION**

Complainant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

**VIOLATION INFORMATION**

Date the violation occurred: \_\_\_\_\_  
Federal statute or regulation violated: \_\_\_\_\_  
Statement of the violation that occurred:  
(attach additional sheets if necessary) \_\_\_\_\_  
Please list the facts on which the statement is based and the specific requirement allegedly violated.  
(attach additional sheets if necessary) \_\_\_\_\_

	Contact 1	Contact 2
Name:	_____	_____
Phone:	_____	_____
Email:	_____	_____

List the names and telephone number of individuals who can provide additional information about this complaint.

Has a similar complaint been filed with any other government agency?  YES  NO If yes, name of agency: \_\_\_\_\_

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

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form to:  
Mr. Jorge Gomez  
Executive Director of Administration and Policy, CEO Superintendent's Office  
Gwinnett County Public Schools  
437 Old Peachtree Road, NW  
Suwanee, GA 30024-2978