

Privacy Statement Contact Form

PLEASE PRINT

| | |
|--|--|
| Name: _____ | |
| Mailing Address: Address: _____ | |
| City: _____ | State: _____ Zip: _____ |
| Phone Number: (home): _____ - _____ - _____ (work): _____ - _____ - _____ | |
| Reason for Contact: _____ _____ | |
| Date of occurrence (if applicable): (mm/dd/yyyy) | |
| Description: <i>(attach additional sheets if necessary)</i> _____ _____ _____ _____ _____ _____ _____ _____ _____ | |
| Signature _____ Date: _____ | |
| Mail form to: | Gwinnett County Public Schools Jorge Gomez, Executive Director of Administration and Policy 437 Old Peachtree Road, NW Suwanee, GA 30024-2978 |

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