

# CSD Georgia Student Data Privacy Accessibility and Transparency Act Parent Complaint Form

**Please print clearly**

Parent or eligible student's name (complainant): \_\_\_\_\_

Involved student's name, if different than above: \_\_\_\_\_

Contact phone number(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Date on which violation occurred: \_\_\_\_\_

Statement of alleged violation: *(attached additional sheets if necessary)*

---

---

---

---

---

---

---

---

Names and telephone numbers of individuals who can provide additional information:

---

---

---

Has a complaint been filed with any other government agency concerning this matter? *(select one)*

☐ No      ☐ Yes - provide the name of the agency: \_\_\_\_\_

Signature of complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Mail form to: City Schools of Decatur  
Chief Information Officer  
125 Electric Ave  
Decatur, GA 30030

*Please attach/enclose copies of all applicable documents supporting this claim.*