## **Hart County Complaint Form**

## **Complaint Form for Federal Programs under the ESEA**

Please Print

Name of Complainant:
Mailing Address:
Phone Number (home):
Phone Number (work):
Person/department complaint is being filed against:
Date on which violation occurred:
Statement that the Hart 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 (ancless conics of all applicable documents supporting your
Please attach/enclose copies of all applicable documents supporting your
position.
Signature of Complainant: Date:
Mail or deliver this form to:
Hart County School Superintendent
Hart County School Superintendent
Hart County School System
284 Campbell Drive
Hartwell, Georgia 30643
Data Pacaiyad:
Date Received:
Data of Posponso to Complainant:
Date of Response to Complainant:
Attach Response to Complainant