



## Complaint Form for Federal Programs under the Every Student Succeeds Act (ESSA)

**Please Print:**

Name (Complainant):
Mailing Address:
Phone Number (Home): Phone Number (Work): Phone Number (Cell):
Agency/Agencies complaint is being filed against:
Date of which violation occurred:
Statement that the Emanuel 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 requirements allegedly violated. (Attach additional sheets if necessary):

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of District Personnel**

\_\_\_\_\_  
**Date**