

Tift County Public Schools  
Federal Programs Department  
COMPLAINT FORM  
PLEASE PRINT

1. Full Name of Complainant:
  
2. Complainant Mailing Address:
  
3. Complainant Phone Number:
  
4. Program and Agency against which the complaint is being filed:
  
5. Description of the situation and the allegation:
  
6. Statement regarding the federal statute or regulation that applies to the applicable federal program(s) that has been allegedly violated:
  
7. Facts supporting the allegation:
  
8. List names and numbers of individuals who can provide additional information.
  
9. Has the complaint been filed with any other government agency? If so, please provide the name of the agency.
  
10. Signature of Complainant: Date:

Submit this form to the address provided in the Complaint Procedures document.