

# Columbia County School District

## Complaint Form under Title I, Part A of the Elementary and Secondary Education Act of 1965 (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 Columbia 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/enclose copies of all applicable documents supporting your position.	
Signature of Complainant:	Date:
Mail or deliver this form to:  Columbia County School District Office of the Superintendent 4781 Hereford Farm Road Evans, GA 30809	
Date Received:	
Date of Response to Claimant:	