

**TURNER COUNTY SCHOOLS
Federal Programs Complaint Form**

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 Turner County Schools 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:	
Dr. Joy Gentry Federal Programs Director Turner County Schools 423 N. Cleveland Street Ashburn, GA 31714	
Date Received:	
Date of Response to Complainant:	

