

Turner County Schools

Complaint Form for Federal Programs

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 Turner 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: Turner County Schools Superintendent Turner County Schools P.O. Box 609 Ashburn, Georgia 31714	
Date Received:	
Date of Response to Claimant:	