

**Student Data Privacy Accessibility and Transparency Act
Parent Complaint Form**

PLEASE PRINT

Name (Complainant): _____

Mailing Address:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (home): _____ - _____ - _____ (work): _____ - _____ - _____

Local Education Authority complaint is being filed against:

Date on which violation occurred: (mm/dd/yyyy)

Statement of alleged violation: *(attach additional sheets if necessary)*

List the names and telephone numbers of individuals who can provide additional information.

Has a complaint been filed with any other government agency concerning this matter? **Select** Yes ☐ No ☐

If so, provide the name of the agency:

Signature of Complainant

_____ Date: _____

Mail form to:

Bryan County School System

Attn: Dr. Trey Robertson

8810 US Highway 280 East, Black Creek, GA 31308

Please attach/enclose copies of all applicable documents supporting your complain.