

Cartersville City Complaint Form
Under the Elementary & Secondary Education Act of 1965 (ESEA)

PLEASE PRINT

Name (Complainant):

Mailing Address

Phone Number (home/cell):

Phone Number (work):

Agency/agencies complaint is being filed against:

Date on which violation occurred:

Statement that the Cartersville City 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 full details on an additional sheet):

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 :

Has a complaint has been filed with any other government agency? If so, provide the name of the agency.

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

Signature of Complainant

Date:

Mail this form to:

Cartersville City School System
Attn: Director of Curriculum & Accountability
15 Nelson Street
Cartersville, GA 30120