

**DeKalb County School District**  
**Student Data Privacy Accessibility and Transparency Act**  
**Parent Complaint Form**  
*(Please Print)*

Name (Complainant):

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Mailing Address:  
Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (home): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (work): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Local Education Authority complaint is being filed against:

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

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

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

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Has a complaint been filed with any other government agency concerning this matter?

**Select** Yes  No

If so, provide the name of the agency:

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Signature of Complainant

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Date: \_\_\_\_\_

**Mail form to:**

Gary Brantley, Chief Information Officer  
2652 Lawrenceville Highway  
Decatur, GA 30033

***Please attach/enclose copies of all applicable documents supporting your complaint***