

DeKalb County School District
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:

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

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