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

Name (Complainant):

________________________________________________________________________

Mailing Address:
        Address:
        ____________________________________________
        State: ______________  Zip: ___________

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