

Privacy Statement Contact Form

PLEASE PRINT

Name: _____	
Mailing Address: Address: _____	
City: _____	State: _____ Zip: _____
Phone Number: (home): _____ - _____ - _____ (work): _____ - _____ - _____	
Reason for Contact: _____ _____	
Date of occurrence (if applicable): (mm/dd/yyyy)	
Description: <i>(attach additional sheets if necessary)</i> _____ _____ _____ _____ _____ _____ _____ _____ _____	
Signature _____ Date: _____	
Mail form to:	Gwinnett County Public Schools Jorge Gomez, Executive Director of Administration and Policy 437 Old Peachtree Road, NW Suwanee, GA 30024-2978

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