

**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: <i>(attach additional sheets if necessary)</i> _____ _____ _____ _____ _____ _____	
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? <b>Select</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, provide the name of the agency: _____	
Signature of Complainant _____ 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.*