

Walker County Schools
Complaint Form for Federal Programs under the Elementary and Secondary
Education Act

Name of Complainant:	
Mailing Address:	
Phone Number (home):	
Phone Number (work or cell):	
Person/Department complaint is being filed against:	
Date on which the violation occurred:	
Statement that Walker County Schools has violated a requirement of a Federal statute or regulation that applies to an applicable program (include citation to the Federal statute or regulation).	
The facts on which the statement is based and the specific requirement allegedly violated:	
List of names and telephone numbers of individuals who can provide additional information.	
Please attach/enclose copies of all applicable documents supporting your position. Please include information regarding a complaint filed with any other government agency, and if so, which agency.	
Signature of Complainant:	
Date:	
Mail or deliver this form to: Title I Coordinator Walker County Schools P.O. Box 29 LaFayette, Georgia 30728	
Date Received:	Date of Response to Claimant: