



**Toombs County Schools**  
**Complaint Form for Federal Programs under the**  
**Every Student Succeeds Act (ESSA)**

**Please Print:**

Name (Complainant):
Mailing Address:
Phone Number (Home):  Phone Number (Work):  Phone Number (Cell):
Agency/Agencies complaint is being filed against:
Date on which violation occurred:
Statement that the Toombs County Schools have violated a requirement of a Federal statute or regulation that applies to an applicable program (include citation to the Federal statute or regulation). (Attach additional sheets if necessary):
The facts on which the statement is based and the specific requirements allegedly violated. (Attach additional sheets if necessary):

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Personnel

\_\_\_\_\_  
Date