Buford City Schools Student Data Privacy Accessibility and Transparency Act Parent Complaint Form

PLEASE PRINT

NAME (Complainan	nt):			
Mailing Address:				
Address:				
City:		State:	Zip:	
Phone Number: (ho	me):	(work):		
Complaint is being f	iled against:			
Date on which violat	ion occurred: (mm/dd/yyyy	7)		
Statement of alleged	violation: (attach additiona	al sheets if necessary	y)	
			_	
List the names and t	elephone numbers of individ	luals who can provi	de additional informa	tion.
Has a complaint been f <i>If so, provide the name of t</i>	illed with any other governmen the agency:	at agency concerning t	his matter? Select Yes	□ No □
Signature of Compla	intant:			
	Date:			
Mail form to:	Buford City Schools			
	Joy Davis			
	2625 Sawnee Avenue			
	Buford, GA 30518			

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