

**Jefferson County Board of Education Student Data Privacy Accessibility and Transparency Act  
Parent Complaint Form**

**Please Print**

Name (Complainant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (home): \_\_\_\_\_  
(work): \_\_\_\_\_ (cell): \_\_\_\_\_

Local Education Authority complaint is being filed against:  
\_\_\_\_\_

Date on which violation occurred: (mm/dd/yyyy): \_\_\_\_\_

Statement of alleged violation: (attach additional sheets if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of names and telephone numbers of individuals who can provide additional information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has complaint been filed with any other government agency concerning this matter?

Select YES  No

If yes, provide the name of the agency: \_\_\_\_\_

Signature of Complainant:

\_\_\_\_\_ Date: \_\_\_\_\_

Mail form to: Jefferson County Board of Education, Sam Dasher, 1001 Peachtree Street, Louisville, GA 30434  
Or email form to: [arnolds@jefferson.k12.ga.us](mailto:arnolds@jefferson.k12.ga.us)

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