

**OCONEE COUNTY SCHOOLS  
Federal Programs Complaint Form**

*Please Print.*

Name of (Complainant):
Mailing Address:
Phone Number (home): Phone Number (work):
Person/department complaint is being filed against:
Date on which violation occurred:
Statement that Oconee 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) (attach additional sheets if necessary):
The facts on which the statement is based and the specific requirement allegedly violated (attach additional sheets if necessary):
List the names and telephone numbers of individuals who can provide additional information.
Please attach/enclose copies of all applicable documents supporting your position.
Signature of Complainant: <span style="float: right;">Date:</span>
Mail or deliver this form to:  <p style="text-align: center;">Superintendent Oconee County Schools 34 School Street Watkinsville, Georgia 30677</p>
Date Received:
Date of Response to Claimant: