

CCS Federal Complaint Form

Name (of Complainant):

Mailing Address:

Phone Number (Home/Cell):

(Work):

Email Address:

Other Contact Information/Methods:

Person/Department complaint is being filed against:

Date on which violation occurred:

Statement that the Camden County School System 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):

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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:

Date:

Print and mail or deliver this form to:

Camden County School Superintendent
Camden County School District
311 South East Street
Camden, GA 31548

6-29-20