

# ROME CITY SCHOOLS

## Complaint Form

Please Print

Name of (Complainant):	
Mailing Address:	
Phone Number (home):	Phone Number (work):
Person/department complaint is being filed against: <input type="checkbox"/> Student Data Privacy <input type="checkbox"/> Title I <input type="checkbox"/> Title II <input type="checkbox"/> Title III <input type="checkbox"/> Title IV <input type="checkbox"/> Title VI <input type="checkbox"/> Title IX <input type="checkbox"/> IDEA <input type="checkbox"/> Other _____	
Date on which the violation occurred:	
Statement that the Rome City Schools has violated a requirement of a Federal statute or regulation that applies to an applicable program ( <u>include citation to the Federal statute or regulation</u> ) (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:	Date:
Mail or deliver this form to: Assistant Superintendent Rome City Schools 508 East Second Street Rome, GA 30121	

-----For Office Use Only -----	
Date Received in Office	_____
Date of Contact	_____ Date Resolved _____
Resolution:	_____
_____	
Signature of Assistant Superintendent	_____