Student Data Privacy Accessibility and Transparency Act Complaint Form

PLEASE PRINT

| Name (Complainant): | | |
|---|--------------------------------|--------------|
| Mailing Address: | | |
| Address: City: | State: | Zip: |
| E-mail Address: | State. | Δ ιρ. |
| | () | |
| Phone Number: (primary): | (secondary) | |
| Complaint is being filed against: | | |
| | | |
| | | |
| Date on which alleged violation occurred: (mm/dd/yyyy) | | |
| | | |
| Statement of alleged violation: (attach additional sheets if ned | essary) | |
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| List the names and telephone numbers of individuals who can provide additional information. | | |
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| | | |
| Has a complaint been filed with any other government agency | concerning this matter? Select | t Yes No |
| If so, provide the name of the agency: | | |
| | | |
| Signature of Complainant | | |
| | Date: | |
| Mail form to: Cirrus Academy and Charter School | | , |
| Principal | | |
| 1870 Pio Nono Avenue Macon, GA 31204 | | |

Please include copies of all applicable documents supporting your complaint with this form.

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