



Student Data Privacy Accessibility and Transparency Act  
Parent Complaint Form

PLEASE PRINT

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

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

School or district complaint is being filed against:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Has a complaint been filed with any other government agency concerning this matter? **Select** Yes  No

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

Signature of Complainant \_\_\_\_\_ Date: \_\_\_\_\_

Mail form to: Forsyth County Schools  
ATTN: Kathy Carpenter, Director of Student Information  
136 Almon C. Hill Drive, Cumming, GA 30040

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