

**Student Data Privacy Accessibility and Transparency Act
Parent Complaint Form**

PLEASE PRINT

Name (Complainant): _____
Mailing Address: Address: _____ City: _____ State: _____ Zip: _____
Phone Number: (home): _____ - _____ - _____ (work): _____ - _____ - _____
Local Education Authority complaint is being filed against: _____ _____
Date on which violation occurred: (mm/dd/yyyy)
Statement of alleged violation: <i>(attach additional sheets if necessary)</i> _____ _____ _____ _____ _____ _____
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 <input type="checkbox"/> No <input type="checkbox"/> If so, provide the name of the agency: _____
Signature of Complainant _____ Date: _____
Mail form to: Local Education Agency LEA Complaint Designee LEA Address

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