



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

**PLEASE PRINT**

|  |  |
|--|--|
| Name (Complainant): _____  |  |
| Mailing Address:<br>Address: _____<br>City: _____ State: _____ Zip: _____  |  |
| Phone Number: (home): _____ - _____ - _____ (work): _____ - _____ - _____  |  |
| Local Education Authority complaint is being filed against:<br>_____<br>_____  |  |
| Date on which violation occurred: (mm/dd/yyyy)   |  |
| Statement of alleged violation: <i>(attach additional sheets if necessary)</i><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____                       |  |
| List the names and telephone numbers of individuals who can provide additional information.<br>_____<br>_____<br>_____<br>_____                            |  |
| Has a complaint been filed with any other government agency concerning this matter? <b>Select</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| If so, provide the name of the agency:<br>_____  |  |
| Signature of Complainant _____ Date: _____   |  |
| Mail form to:  | Haralson County School Board<br>Dr. Brian Ridley, Asst. Superintendent<br>299 Robertson Ave.<br>Tallapoosa, GA 30176 |

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