

**Gwinnett County Public Schools
Complaint Form for Federal Programs under the No Child Left Behind
Act of 2001**

Please Print Name (Complainant):
Mailing Address:
Phone Number (Home): Phone Number (Work/Cell):
Date on which violation occurred:
Statement that the Gwinnett County Public Schools (GCPS) has violated a requirement of a Federal statute or regulation that applies to an applicable program (include citation to the Federal statute or regulation) (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.
Has a complaint been filed with any other government agency? If so, provide the name of agency.

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

Signature of Complainant:

Date:

Mail this form to:

**Mr. Jorge Gomez, Executive Director of Administration and Policy
CEO/Superintendent's Office
Gwinnett County Public Schools
437 Old Peachtree Road, NW
Suwanee, Georgia 30024-2978**