

CSD Georgia Student Data Privacy Accessibility and Transparency Act Parent Complaint Form

Please print clearly

Parent or eligible student's name (complainant): _____

Involved student's name, if different than above: _____

Contact phone number(s): _____

Mailing address: _____

Date on which violation occurred: _____

Statement of alleged violation: *(attached additional sheets if necessary)*

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 one)*

No Yes - provide the name of the agency: _____

Signature of complainant: _____ Date: _____

Mail form to: City Schools of Decatur
Executive Director of Information Services
125 Electric Ave
Decatur, GA 30030

Please attach/enclose copies of all applicable documents supporting this claim.