 Form JR-9

**STUDENT DATA PRIVACY COMPAINT FORM**

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| --- | --- |
| Name of individual filing complaint (Complainant): |  |

|  |  |
| --- | --- |
| Relationship to student: | Parent  Guardian  Self (Eligible Student) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Information: |  | | | | |
| Address: |  | | | | |
|  |  | | | | |
| City: |  | State: |  | Zip: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Phone: | Work: |  | Home: |  | Cell: |  |

|  |  |
| --- | --- |
| Date on which alleged violation occurred: |  |

|  |
| --- |
| Statement of alleged violation: |

|  |
| --- |
| List the names and telephone numbers of individuals who can provide additional information: |

|  |  |
| --- | --- |
| Has a complaint been filed with another government agency concerning this matter? | Yes  No |

|  |  |
| --- | --- |
| If so, provide the name of the agency: |  |

Complainant’s Signature Date

Mail form to: Office of Chief Accountability and Research Officer

Cobb County School District

514 Glover Street

Marietta, GA 30060

|  |
| --- |
| **DISTRICT USE ONLY BELOW THIS LINE** |

|  |  |  |  |
| --- | --- | --- | --- |
| Grievance Form Received On: |  |  |  |

Date Recipient’s Signature