

# MERIWETHER COUNTY SCHOOLS



AIM HIGH.  
ACHIEVE.  
GRADUATE.  
SUCCEED.

**Please Print Name:  
(Complainant)**

**Mailing Address:**

**Phone Number (Home):**

**Phone Number (Work/Cell):**

**Date on which violation occurred:**

**Statement that the Meriwether County School System has violated a Federal statute or regulation that applies to an applicable program (include criterion to the applicable statute or regulation). Include additional sheet 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 agency? If so, provide the name of the agency:**

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

**Signature of Complainant:**

**Date:**

**Mail this form to:  
William Edgar  
Meriwether County Schools  
PO Box 70  
Greenville, Georgia 30277**