

Ivy Preparatory Academy Federal Programs Complaint Form

Please Print

Name of Complainant:		
Mailing Address:		
Primary Phone Number: Secondary Phone Number:		
Person/Department the Complaint is against:		
Statement describing the federal requirement that Ivy Preparatory Academy has violated or the regulation that applies to an applicable program. Please include the citation to the Federal statute or regulation. Attach additional pages if needed.		









Please describe the facts on which the statement is based and the specific requirement allegedly violated. Attach additional sheets as needed.		
	il address of individuals who may be able to provide	
additional information		
Please attach/enclose copies of all applicable documents supporting your position.		
Signature:	Date:	
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Mail or Deliver all correspondence to:		
Attention Executive Director		
Ivy Preparatory Academy		
1807 Memorial Drive		
Atlanta, GA 30317		
Aliania, GA 30317		
Office Hop Only		
Office Use Only		
Date Complaint Received:	Date Investigation Began:	
Date of Response to Complainant:		





