



UTOPIAN ACADEMY

FOR THE ARTS

Complaint Form for Federal Programs under the Every Student Succeeds Act

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 Utopian Academy of the Arts has violated or the regulation that applies to an applicable program. <i>Please include the citation to the Federal statute or regulation.</i> 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.	



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Please list the name, telephone number and/or email address of individuals who may be able to provide additional information.

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

Signature of Complainant(s)

Date

Mail or Deliver all correspondence to:

Attention Executive Director
Utopian Academy of the Arts
2750 Forest Parkway
Ellenwood, GA 30294

Office Use Only

Date Complaint Received:

Date Investigation Began:

Date of Response to Complainant