

Alabama State Department of Education

Constitutionally Protected Prayer Complaint Form

Section 8524 of the Elementary and Secondary Education Act of 1965 (ESEA), as amended by the Every Student Succeeds Act of 2015 (ESSA), requires that all public school districts receiving funds under those laws must not have any policy that “prevents, or otherwise denies participation in constitutionally protected prayer,” as detailed in guidance from the [U.S. Department of Education](#). A person may use this form to file a complaint against a local school system that allegedly denies a person, including a student or employee, the right to participate in constitutionally protected prayer. All complaints will be investigated and reported, pursuant to ESEA, to the U.S. Department of Education.

Please consider reading the above-mentioned guidance from the U.S. Department of Education for information about what is and is not allowed in public schools before submitting this form.

Please send this completed form, along with any relevant materials to the Alabama State Department of Education’s Federal Programs Office via electronic mail, to protectedprayer@alsde.edu, or by regular mail, to Federal Programs, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101. If you do not know the answer to any specific question, please simply state that it is not available (N/A).

If you have any questions or concerns you may contact our office at 334-694-4516.

District Information

Name of School District being reported:

District Address:

Approximate date(s) of alleged incident(s):

Detailed Description of Allegations

1. Please state your complaint. Please attach any supporting documentation and use additional sheets if needed.

Verification

Under penalty of perjury, I certify that I am the person accessing and submitting the Department of Education's protected prayer complaint form. I verify that the information above and the facts contained in this complaint and attachments are true and correct to the best of my knowledge. By checking the box below and entering or signing my name, I certify that all information on this form is true and correct to the best of my knowledge. I also agree that by checking the box below and entering my name, I am creating an electronic signature (if submitted electronically). I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

- I certify the above information is true and correct and I am the person submitting information.

Signature of Complainant

Date

Non-Confidentiality Notice

Your complaint and this form are not confidential and may be shared with others when the ALSDE investigates this matter.