PORT ARTHUR INDEPENDENT SCHOOL DISTRICT

NOTICE OF COMPLAINT AT LEVEL ONE

Your Name: _____

Your Address: _____

Indicate whether you are an employee of the District, student in the District, a parent of a student in the District or a resident of the District:

Indicate whether your complaint is against an employee or student in the District.
Who is that person:

Please state your specific complaint(s). Describe in detail the events surrounding the complaint. Include dates, times, locations, persons present, substance of statements, and conversations. Be as factual as pos sible. If you must express an opinion, please make it clear that you are doing so. Attach additional pages if necessary.

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What other persons have personal knowledge of facts stated in the complaint.

State the individ ual harm you have suffered and identify the person(s) harmed other than yourself.

State the specific relief you are requesting.

Attach copies of any written documentation that may assist us in resolving this complaint .

Signature Person Making Statement	Date	Signature Person Receiving Statement	Date