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PORT ARTHUR INDEPENDENT SCHOOL DISTRICT

NOTICE OF COMPLAINT AT LEVEL ONE

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

State the individual 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	Date	Signature	Date
Person Making Statement		Person Receiving Statement	