



Oxnard School District
Uniform Complaint Procedures
COMPLAINT FORM

Code Number: _____

To be filed with:
Assistant Superintendent, Human Resources
Title IX Coordinator
EEO Compliance Officer
Oxnard School District
1051 South A Street
Oxnard, CA 93030
(805) 385-1501 ext. 2050

To be checked by Complainant:

- Parent/Guardian
- Student
- District Employee
- Other

NATURE OF THE COMPLAINT

I wish to file a complaint regarding the following: (Please discuss the complaint in detail. Attach additional pages if needed.)

Date of Violation: _____

(If you are filing a complaint alleging discrimination, it must be filed within six months of the occurrence of the event or when the complainant first obtained knowledge of the facts of the alleged discrimination.)

Signature

Date

Address

Telephone

City

State

Zip Code

Complaint received by: _____
Name/Title

Date