



**Oxnard School District  
Uniform Complaint Procedures  
COMPLAINT FORM**

Code Number: \_\_\_\_\_

**To be filed with:**  
**Dr. Victor M. Torres**  
**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