



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

Code Number: _____

To be filed with:
Dr. Jesus Vaca
Assistant Superintendent, Human Resources & Support Services
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**