

UNIFORM COMPLAINT

Contact information:

Name: _____

Address: _____

Phone number: *Mobile*: _____ *Home*: _____

E-mail address: _____

Date problem was observed: _____

Location of the problem that is the subject of this complaint:

School name/address: _____

Course title/grade level and teacher name: _____

Room number/name of room/location of facility: _____

Complaint:

District violation of state or federal law or regulations governing:

- Adult Education Career Technical Education Pre-School
- Categorical Programs Local Control Accountability Plan (LCAP) Pupil Fees
- Migrant Education Nutrition Services Special Education

Unlawful discrimination, including discriminatory harassment, intimidation, or bullying based on actual or perceived characteristics:

- Ancestry Disability Ethnic Group Age
- Gender Gender Identity Gender Expression Parenting
- Marital Status Nationality National Origin Race
- Religion Sex Sexual Orientation Sexual Harassment

Allegations of the following:

- Bullying that is not based on the above listed actual or perceived characteristics
- Retaliation against a complainant or other participant in the complaint process or retaliation against anyone who has acted to uncover or report a violation subject to the uniform complaint procedures

Please describe the issue of your complaint in detail.

You may attach additional pages and include as much information as necessary to fully describe the situation.

Please file this complaint at your school office with the Principal or at the following location:

Oxnard Union High School District

309 South "K" Street

Oxnard, CA 93030

or online:

<https://www.oxnardunion.org/human-resources/uniform-complaint-procedure/>

Signature

Date

If you wish to remain anonymous, a signature is not required.

All complaints should be dated.