

**Oxnard Housing Authority**

435 South D Street  
Oxnard, CA 93030  
(805) 385-8096 Phone  
(805) 385-7969 Fax  
[www.oxnard.org](http://www.oxnard.org)



Date: \_\_\_\_\_

Program (circle one)                      Public Housing                      Section 8

Address (assisted unit): \_\_\_\_\_

Name of Program Participant (s): \_\_\_\_\_

**Reason(s) for this complaint:** (please provide as much information as possible and attach any documents to this complaint so that we may consider all of the available facts)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you spoken to any Housing Authority personnel regarding this complaint? If yes, please provide date(s) and name \_\_\_\_\_

\_\_\_\_\_  
Print your Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

---

*OFFICE USE ONLY*

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**Oxnard Housing Authority**

435 South D Street  
Oxnard, CA 93030  
(805) 385-8096 Phone  
(805) 385-7969 Fax  
[www.oxnard.org](http://www.oxnard.org)



Fecha: \_\_\_\_\_

Programa (circule uno)      Vivienda Pública      Sección 8

Dirección (unidad asistida): \_\_\_\_\_

Nombre de participante(s) del programa : \_\_\_\_\_

**Razón (es) de esta queja:** (Por favor proporcione tanta información como sea posible y adjunte cualquier documento para que podamos considerar todos los hechos disponibles)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

¿Ha hablado con algún funcionario de la Autoridad de Viviendas con respecto a esta queja? Si su respuesta es sí, favor de indicar la fecha(s) y nombre(s) \_\_\_\_\_

\_\_\_\_\_  
Imprima su nombre

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Teléfono

---

*OFFICE USE ONLY*

Received by: \_\_\_\_\_

Date: \_\_\_\_\_