



Discrimination Complaint Form

Instructions: If you believe SANDAG has engaged in discrimination against one or more persons, please fill out this form completely in black ink or type. Sign and return to the address on page 2.

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. Call (619) 699-1900 for assistance or TTY at (619) 699-1904.

Name of Complainant:

Address:

City:

State:

Zip Code:

Home Phone:

Business Phone:

Person Discriminated Against:
(if other than the complainant)

Address:

City:

State:

Zip Code:

Home Phone:

Business Phone:

On what date did the discrimination occur?

Describe the alleged acts of discrimination providing the name(s) where possible of the responsible individuals (use space on page 3 if necessary). Include the category upon which you believe the discrimination was based (race, color, disability, medical condition, etc.):

Has a complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes No

If yes, Agency or Court: _____

Contact Person: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Date Filed: _____

Additional space for answers:

Signature: _____ Date: _____

Please Return Form to:

Compliance Officer – Office of Diversity and Equity

SANDAG

401 B Street, Suite 800

San Diego, CA 92101

Or by email at OfficeOfDiversityAndEquity@sandag.org

Phone: (619) 699-1900

Fax: (619) 699-1995

TTY: (619) 699-1904