

Clear Form

San Diego Association of Governments Complaint Form

Allegations of Improper Activity

List each allegation under the appropriate category. If you need more space, please attach additional sheets

Gross Mismanagement

Date you had knowledge of allegation: Date: _____

Allegation:

Facts:

Significant Waste of Funds

Date you had knowledge of allegation: Date: _____

Allegation:

Facts:

Abuse of Authority

Date you had knowledge of allegation: Date: _____

Allegation:

Facts:

Substantial and Specific Danger to Public Health and Safety

Date you had knowledge of allegation: Date: _____

Allegation:

Facts:

Witness(es):

*Please provide the name, address, and phone number for each witness.
Attach additional sheets if needed.*

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _____ Home: _____ Business: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _____ Home: _____ Business: _____

Please describe (if any) the remedies taken by you to resolve/inform/report the allegations of improper activity.

Please give dates and names

Sworn Statement of Complainant:

I hereby certify, under penalty of perjury as provided by law, that the statements herein are true.

Print Name: _____

Signature: _____

Date: _____

***** If you are a member of the public filing anonymously or other stakeholders of SANDAG no name or signature is required*****

Thank you for your diligence and commitment in helping ensure that public funded agencies are being held accountable.

Complainant:

Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _____ Home: _____ Business: _____

*****If you are a member of the public or other stakeholders of SANDAG filing anonymously, the above information is not required*****

Adopted: September 27, 2019
Amended: February 16, 2022