

San Diego Association of Governments Complaint Form

Complainant: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Business: _____

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

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: _____

Telephone: Home: _____ Business: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: 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.

Adopted: September 27, 2019
Amended: [Date]