SANDAG

Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Instructions: If you believe SANDAG has engaged in discrimination against one or more persons based on medical condition or disability, please fill out this form completely, sign, and return to the address on the next page.

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:

What date did the discrimination occur?

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use additional space on the next page if necessary):

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:

ADA Coordinator
SANDAG
401 B Street, Suite 800
San Diego, CA 92101

Or by email at ada.coordinator@sandag.org

Phone: (619) 699-1900
Fax: (619) 699-1995
TTY: (619) 699-1904