



## 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 711.

Name of Complainant:

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Address:

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City:

State:

Zip Code:

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Home Phone:

Business Phone:

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Person Discriminated Against:  
(if other than the complainant)

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Address:

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City:

State:

Zip Code:

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Home Phone:

Business Phone:

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On what date did the discrimination occur?

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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  
1011 Union Street, Suite 400  
San Diego, CA 92101**

**Or by email at  
officeofdiversityandequity@sandag.org**

Phone: 619.699.1900

Fax: 619.699.1995

TTY: 711