



Discrimination Complaint Form

Instructions: If you believe The Arc of San Diego has engaged in discrimination against one or more persons relating to its Specialized Transportation Grant Program- Federal Transit Administration (FTA) and you have already attempted to informally resolve your complaint with The Arc of San Diego without success, please fill out this form completely, in black ink or type-written form. Sign and return to the address below. 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 to SANDAG.

SANDAG materials can be made available in alternative languages. To make a request, call (619) 699-1900.

Los materiales de SANDAG están disponibles en otros idiomas. Para hacer una solicitud, llame al (619) 699-1900.

Complainant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Business: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who were responsible for the discriminatory acts (attach additional pages if necessary):

Return to:
Title VI Coordinator
SANDAG
401 B Street, Suite 800
San Diego, CA 92101
Phone: 619-699-1900; Fax: 619-699-1995; TTY 619-699-1904