Discrimination Complaint Form

If information is needed in another language, contact Peninsula Shepherd Center, (619)223-1640 or lisa@sdpsc.org.

Instructions: If you believe Peninsula Shepherd Center has engaged in discrimination against one or more persons relating to its Out and About Peninsula Senior Transportation program, please fill out this form completely, in black ink or typewritten form. Sign and return to the "Return To" 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.

Complainant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Person Discriminated Against:
(If other than the complainant): _____

Address: _____

City: _____ State: _____ Zip Code: _____

When did the discrimination occur? Date: _____

I believe the discrimination I experienced or was made aware of was based on (check all that apply):
[ ] Race [ ] Color [ ] National Origin [ ] Disability [ ] Other

Describe the alleged acts of discrimination, providing the name(s), where possible, of the responsible individuals (use space on the next page or attach additional pages if necessary). If you marked "Other" above, include the category upon which you believe the discrimination was based (medical condition, sex, veteran status, etc.):

_____

_____

_____

_____

_____

Has a complaint been filed with 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: _____

City:_____ State:_____ ZIP Code: _____

Telephone: _____

Date Filed: _____

Additional space for answers:

_____

_____

_____

_____

_____

Signature: _____

Date: _____

Return to:

Compliance Officer – Office of Business and Workforce Compliance

SANDAG

1011 Union Street, Suite 400

San Diego, CA 92101

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

compliance@sandag.org