Discrimination Complaint Form

If information is needed in another language, contact The Travelers Aid Society Title VI Coordinator, 619-295-8393 or admin@travelersaidsandiego.org.

Instructions: If you believe Travelers Aid Society of San Diego has engaged in discrimination against one or more persons relating to its *SenioRide*, *Senior Solutions*, or *RIDEFinder* programs, please fill out this form completely, in black ink or type-written 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	:
Telephone:	Home:		Busine	ess:	
	ninated Against: he complainant)				
Address:					
City:		State:		ZIP Code:	
Telephone:	Home:		Busine	ess:	
When did the	discrimination occ	ır?	Date:		
I believe the disapply): [] Race	crimination I expe	rienced or was ma [] National Ori		was based on Disability	(check all that
responsible indi you marked "Or	viduals (use space		or attach addi	itional pages	

Has a complaint bee civil rights agency o		tice or any other Federal, State, or local
Yes: No	:	
If Yes:		
Agency or Court:		
Contact Person:		
Address:		
City:	State:	ZIP Code:
Telephone:		
Date Filed:		
Additional space for	answers:	
Signature:		
Date:		
Return to: Compliance Officer –	Office of Diversity and Equity SANDAG 401 B Street, Suite	· 800

San Diego, CA 92101
Phone: (619) 699-1900; Fax: (619) 699-1995; TTY: (619) 699-1904
OfficeofDiversityandEquity@sandag.org