

TITLE VI AND ADA COMPLAINT FORM ENGLISH 7.1.22

Title VI and ADA Complaint Form

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone (include area code) _____ Best Time to Reach You _____

Were you discriminated against because of:

☐ Race ☐ National Origin ☐ Color ☐ Other _____

Date of alleged incident _____

Is this an ADA complaint ☐ Yes ☐ No

Describe as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include names and contact information of any witnesses (please use the back of the form if more space is needed.)

Have you filed this complaint with any other federal, State, or local agencies? **(Circle one) Yes/No**

If yes, please list agency/agencies and contact information below:

Agency _____ Contact Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Agency _____ Contact Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature

Date

Please complete and mail this form to:
Dana Toppel, Chief Operating Officer
Jewish Family Service of San Diego
JOAN & IRWIN JACOBS CAMPUS
8804 Balboa Avenue
San Diego, CA 92123

Alternatively, the Title VI or ADA Complaint Form may be filed in writing with SANDAG at the following address:

Discrimination Compliance Officer – Special Office of General Counsel
SANDAG
401 B Street, Suite 800
San Diego, CA 92101
Telephone: 619-699-1900; Fax: 619-699-1995; TTY 619-699-1904