

## Title VI Complaint Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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.)**

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Have you filed this complaint with any other federal, State, or local agencies? ☐ 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:

Kristine Stensberg, Senior Director of Nutrition and Aging  
Jewish Family Service of San Diego  
JOAN & IRWIN JACOBS CAMPUS  
8804 Balboa Avenue  
San Diego, CA 92123  
[kristines@jfssd.org](mailto:kristines@jfssd.org)

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

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