

Discrimination Complaint Form

If you believe Travelers Aid has engaged in discrimination against one or more individuals relating to its *RIDEasy*, *RIDEfinder*, or *SenioRide* programs, and you have already attempted to informally resolve your complaint with Travelers Aid without success, please fill out this form completely, in black ink or type-written. Sign and 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 individuals with disabilities up request to SANDAG.

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

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

Complainant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home/cell: _____ Work: _____

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

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