



## Discrimination Complaint Form

If the **Discrimination Complaint Form** is needed in a language other than English or Spanish, please contact the Executive Director of your community to request this service:

The office of the Executive Director at St. Paul's Manor can be located at 2635 Second Avenue, San Diego, CA 92103 and at telephone extension 3504.

The office of the Executive Director at St. Paul's Plaza can be located at 1420 E. Palomar St., Chula Vista, CA. 91913 and at telephone extension 3606.

The office of the Executive Director at St. Paul's Villa can be located at 2340 Fourth Avenue, San Diego, CA 92101 and at telephone extension 3403.

**Instructions:** If you believe St. Paul's Senior Services has engaged in discrimination against one or more persons relating to its Cycle 12 Transportation Program, please complete this form 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: \_\_\_\_\_ Business: \_\_\_\_\_

Person Discriminated Against:  
(if other than the complainant) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

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

# St. Paul's Senior Services

## Title VI Program

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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Additional space for answers:

---

---

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to:  
SANDAG Compliance Officer – Office of Diversity and Equity  
401 B Street, Suite 800  
San Diego, CA 92101  
Phone: (619) 699-1900; Fax: (619) 699-1995; TTY: (619) 699-1904  
[OfficeofDiversityandEquity@sandag.org](mailto:OfficeofDiversityandEquity@sandag.org)