

DISCRIMINATION COMPLAINT FORM

Instructions: If you believe Peninsula Shepherd Center has engaged in discrimination against one or more persons relating to its Out & About Senior Transportation Program and you have already attempted to informally resolve your complaint with Peninsula Shepherd Center without success, please fill out this form completely, in black ink or type-written form. Sign and return to the 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 Peninsula Shepherd Center. Materials are also available on Peninsula Shepherd Center’s website at www.sdpssc.org under the About Us tab.

Peninsula Shepherd Center materials can be made available in alternative languages. To make a request, call (619)223-1640.

Los materiales de Peninsula Shepherd Center están disponibles en otros idiomas. Para hacer una solicitud, llame al (619)223-1640.

Complainant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Business: _____

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:

San Diego Association of Governments
Attn: Title VI Compliance Officer
401 B Street, Suite 800
San Diego, CA 92101

FAX number (619)699-1995; TTY (619)699-1904