Discrimination Complaint Form

Instructions: If you believe that 2-1-1 San Diego has engaged in discrimination against one or more persons, 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.

Section 1. Contact Info

Name:
Address:
Phone:
E-mail:

Name of the Person Discriminated Against: (if other than complainant)

Address:
Phone:
E-mail:

Section 2. Complaint Narrative

When did the discrimination occur? Date:

Instructions: Please describe the acts of discrimination providing the name(s), where possible, of the individual(s) who discriminated (use space on page 2 if necessary):

Please mail this completed form along with any relevant documentation to:

Attn: Administration Manager
2-1-1 San Diego
P.O. Box 420039
San Diego, Ca 92142

or email to: admin@211sandiego.org