

## **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.

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