



DISCRIMINATION COMPLAINTS PROCEDURES

If information is needed in another format and or language, please contact Budd Anderson, (760) 754-1252, or banderson@factsd.org.

Instructions: If you believe Full Access and Coordinated Transportation, FACT has engaged in discrimination against one or more persons relating to its transportation services or programs, please fill out this form completely, in black ink or type-written form. Sign and return to the "Return To" address below. Alternatives means of filing complaints will be made available for persons with disabilities upon request from FACT.

Complainant (First & Last Name): _____

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

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 a FACT Grantor, 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:
Director of Grants and Procurement
FACT
516 Civic Center Drive
Oceanside, CA 92054