SAN DIEGO UNIFIED PORT DISTRICT

COMPLAINT FORM FOR ALLEGED DISCRIMINATION ON THE BASIS OF DISABILITY

Complainant's Name:	Date:
Address:	Phone #:
Street	Fax #:
City, State, Zip Code	
Describe the alleged discriminatory action in sufficient detail to make your complaint clear. Attach additional pages if necessary.	
What actions do you request to be taken to correct the alleged discrimination?	
Signature of (check one)	
❑ Complainant(s)	
❑ Authorized Representative(s)	
Signature:	Date:
Assignment #:	