

**LANGUAGE ACCESSIBILITY SERVICES COMPLAINT FORM**

You have the right to free interpretive services and information translation in a timely manner. Please use this form to report any problem with access to language services you have experienced with the California Department of Social Services.

Return this form by mail to the Civil Rights Bureau P.O. Box 944243, MS 8-16-70 Sacramento, CA 94244-2430 or by fax at (916) 653-9332. If you have any questions or concerns, contact us at (916) 654-2107; toll free 1 (866) 741-6241; or via California Relay Service operator at 1 (800) 735-2929.

**1. YOUR CONTACT INFORMATION**

FIRST NAME:		LAST NAME:	
ADDRESS:			
CITY:		STATE:	ZIP:
HOME/CELL NUMBER:		EMAIL:	

**2. INTERPRETATION/TRANSLATION DETAILS**

Date of Incident: \_\_\_\_\_

CDSS/Program: \_\_\_\_\_

Office Address: \_\_\_\_\_

Did you know you have the right to free interpretive/translation services before this incident? ☐ Yes ☐ No

Incident: ☐ In person ☐ Letter ☐ Email ☐ Over the phone

In what language did you need assistance? \_\_\_\_\_

Language Access Issue(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of bilingual personnel                          | <input type="checkbox"/> Lack of forms/materials in non-English languages                        |
| <input type="checkbox"/> Lack of interpretive/translation services            | <input type="checkbox"/> Lack of signs informing the public of interpretive/translation services |
| <input type="checkbox"/> Delay in receiving interpretive/translation services | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Quality of interpretive/translation services         |  |

Brief Description of Incident (Attach additional pages if needed):

**3. FORM ASSISTANCE**

Did someone assist with completing this form? ☐ Yes (complete information below) ☐ No (if no, leave blank)

FIRST NAME:		LAST NAME:	
ORGANIZATION:			
PHONE:		EMAIL:	

I certify this statement is true to the best of my knowledge and belief.

SIGNATURE:	DATE:
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This form may be translated in another language upon request.

Privacy Statement

The Information Practices Act of 1977 (California Civil Code, section 1798.1, et. seq.) and the Federal Privacy Act of 1974 (Title V, United States Code, section 552a, et. seq.) require this notice be provided when collecting personal information from individuals.

The information requested on the Language Accessibility Services Complaint form pursuant to the Dymally-Alatorre Bilingual Services Act and Title VI of the Civil Rights Act of 1964. This information is voluntary; however, failure to completely and accurately provide the information may result in the Department's lack in ability to contact the complainant. This information is used to contact the complainant only and/or to request further information.

*Do not write in this box. Departmental use only*

REVIEWER:	PHONE:	DATE:
FINDINGS:		
RESOLUTION/CORRECTIVE ACTION(S):		
APPROVAL SIGNATURE BY PROGRAM MANAGER:	DATE:	

*Civil Rights Bureau use only*

REVIEWED BY:	DATE:
COMMENTS:	

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