ACCESS TO SERVICES IN YOUR LANGUAGE: COMPLAINT FORM

The Civil Rights Department is committed to providing equal access to all Californians. If you have a complaint about accessing language services at CRD, or if you would like to provide feedback about our language services, please fill out this form and return it to us by:

Email to: languageaccess@calcivilrights.ca.gov

or by mail to:

Civil Rights Department
Enforcement Division
Attn: Language Access Coordinator
651 Bannon Street, Suite 200
Sacramento, CA 95811

If you are unable to fill out the form, you may submit your complaint by phoning 844-821-3465.

Contact Information:
First name: _____   Last name: _____
Street address: _____
City: _____   State: _____   Zip code: _____
Preferred language: _____
E-mail address (if available): _____
Home phone: _____   Work phone: _____
Did someone assist you in completing this form? Yes   No   If 'Yes', input information below:
First name: _____   Last name: _____

What was the issue? Check all the boxes that apply and explain below.

    I was not offered an interpreter
    I asked for an interpreter and was denied
    The interpreter(s) or translator(s) skills were not good (List their names, if known)
    The interpreter(s) made rude or inappropriate comments
    The services took too long (Explain below)
    I was not given forms or notices in a language I can understand (List documents needed below)
    I was unable to use services, programs or activities (Explain below)
    Other (Explain below)

Brief Description of Complaint? Date (MM/DD/YYYY): _____   Time: _____ AM PM
Describe what happened. Please be specific. Use additional pages as needed. Print your name on each sheet.
List language, services and documents needed. Include names, addresses and phone numbers of people involved, if known.

I certify that is statement of my complaint above and any pages attached are true to the best of my knowledge and belief.
Signature: _____   **Date** (MM/DD/YYYY): _____

Do not write in this box. For office use only
Date Received:_____   Reviewer:_____   Phone:_____
Action Taken: