



ACCESS TO SERVICES IN YOUR LANGUAGE: COMPLAINT FORM

The Department of Fair Employment and Housing (DFEH) is fully committed that all persons accessing its services are provided these services in appropriate and timely manner. This form is to assist you to report any language access complaint you may have encountered with DFEH. Please return form and any supporting documentation by mail to Department of Fair Employment Housing, Attention Language Access Coordinator Marisa Becerra-Garcia, 2218 Kausen Drive, Ste. 100, Elk Grove, CA 95758, or send an email with the attached form to language.access@dfeh.ca.gov. If you should have questions or concerns you may contact the Language Access Coordinator at 1-844-821-3465.

<p>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: _____</p>
<p>What was the issue? Check all the boxes that apply and explain below.</p> <p><input type="checkbox"/> I was not offered an interpreter <input type="checkbox"/> I asked for an interpreter and was denied <input type="checkbox"/> The interpreter(s) or translator(s) skills were not good (List their names, if known) <input type="checkbox"/> The interpreter(s) made rude or inappropriate comments <input type="checkbox"/> The services took too long (Explain below) <input type="checkbox"/> I was not given forms or notices in a language I can understand (List documents needed below) <input type="checkbox"/> I was unable to use services, programs or activities (Explain below) <input type="checkbox"/> Other (Explain below)</p>
<p>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.</p>
<p>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): _____</p>
<p>Do not write in this box. For office use only Date Received: _____ Reviewer: _____ Phone: _____ Action Taken: _____</p>