



LANGUAGE ACCESS COMPLAINT FORM

The purpose of this form is to record complaints related to language access to City services.

CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

COMPLAINT DETAILS

Date of Incident: _____

Department/Agency: _____

Location or Address: _____

Language Access Issue: (check all that apply)

Lack of signs informing the public for translation services in Spanish and Chinese

Lack of forms/materials in Spanish/Chinese

Lack of bilingual personnel

Other

What language did you need assistance with? _____

Brief Description: (attach additional pages if needed) _____

FORM ASSISTANCE

Did someone assist you in completing this form? Yes No

Name: _____

Organization: _____

Phone: _____ Email: _____

DEPARTMENT USE ONLY

Date Received:	Action Taken:	Contact Person:	Phone:	Email:



Please return this form to: **EQUAL ACCESS OFFICE**

Department of Human Resources Management, 150 Frank H. Ogawa Plaza 2nd Floor, Oakland, CA 94612

You can also fax it to **(510) 238-2325**. If you have any questions please call **(510) 238-3112**.