

Language Access Complaint Form

CSD 375 (Rev. 07/28/15)



Please use this form to report any language access complaint you have encountered at the Department of Community Services and Development. Please return this form and any supporting documentation by mail to the Department of Community Services and Development's EEO/Disability Office at 2389 Gateway Oaks Drive Suite #100, Sacramento, CA 95833 or send an email with the attached complaint form to CSD.EEO@csd.ca.gov. If you have any questions or concerns you may contact the Department of Community Services and Development's EEO/Disability Office at (916) 576-4368.

1. COMPLAINANT'S CONTACT INFORMATION

Name:	
Address:	
Phone Number:	
Email:	

2. COMPLAINT DETAILS

Date of Incident:	
What language did you need assistance with? (check one that applies)	<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Urdu <input type="checkbox"/> Other: _____

Brief Description of Complaint (attach additional pages if needed):

3. FORM ASSISTANCE

Did someone assist you in completing this form?	<input type="checkbox"/> Yes (input information below) <input type="checkbox"/> No (leave blank)
Name:	
Organization or Relationship to Claimant:	
Phone Number:	

4. SIGNATURE OF PERSON MAKING THE COMPLAINT

I certify that this statement of my complaint above and any pages attached is true to the best of my knowledge and belief.

Signature: _____ **Date:** _____

DEPARTMENTAL USE ONLY:

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