

LANGUAGE ACCESS COMPLAINT FORM

Please use this form to report any language access complaint you have encountered at the State Controller's Office. Please return this form and any supporting documentation by mail to the State Controller's EEO/Disability Office at 300 Capitol Mall, Suite 275, Sacramento, CA 95814 or send an email with the attached complaint form to Phillina Lyles, EEO/Disability Manager at plyles@sco.ca.gov. If you have any questions or concerns you may contact the EEO Office at (916) 324-2223.

1. COMPLAINANT'S CONTACT INFORMATION	
Name:	
Address:	
Phone Number:	
Email:	

2. COMPLAINT DETAILS	
Date of Incident:	
Department/Division:	
Location or Address:	
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?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="padding: 2px 5px;"><i>Yes (input information below)</i></td> </tr> <tr> <td style="width: 20px; height: 15px;"></td> <td style="padding: 2px 5px;"><i>No (leave blank)</i></td> </tr> </table>		<i>Yes (input information below)</i>		<i>No (leave blank)</i>
	<i>Yes (input information below)</i>				
	<i>No (leave blank)</i>				
Name:					
Organization:					
Phone Number:					

4. COMPLAINANT'S SIGNATURE

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:	