

## 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 Judy Lucas, EEO/Disability Manager at [jlucas@sco.ca.gov](mailto:jlucas@sco.ca.gov). If you have any questions or concerns you may contact the Bilingual Coordinators at (916) 323-3055 or (916) 324-2223.

1. COMPLAINANT'S CONTACT INFORMATION	
<b>Name:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

2. COMPLAINT DETAILS	
<b>Date of Incident:</b>	
<b>Department/Division:</b>	
<b>Location or Address:</b>	
<b>What language did you need assistance with?</b> (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: _____
<b>Brief Description of Complaint (attach additional pages if needed):</b>	

3. FORM ASSISTANCE	
<b>Did someone assist you in completing this form?</b>	<input type="checkbox"/> <b>Yes</b> (input information below) <input type="checkbox"/> <b>No</b> (leave blank)
<b>Name:</b>	
<b>Organization:</b>	
<b>Phone Number:</b>	

4. COMPLAINANT'S SIGNATURE	
<i>I certify that this statement of my complaint above and any pages attached is true to the best of my knowledge and belief.</i>	
<b>Signature:</b> _____	<b>Date:</b> _____

DEPARTMENTAL USE ONLY:

<b>Date Received:</b>	
<b>Action Taken:</b>	
<b>Contact Person:</b>	
<b>Phone:</b>	
<b>Email:</b>	