

Language Services Complaint Form

Use this form to record complaints related to language services provided by the California Department of Education. Please return this form and any related documentation to the Office of Equal Opportunity. Completed forms must be emailed to OEOinfo@cde.ca.gov or mailed to: 1430 N Street, Suite 4206 Sacramento, CA 95814 or Fax to 916-324-9818.

CONTACT INFORMATION

Name:

Phone Number:

Email Address:

Address:

COMPLAINT DETAILS

Date of Incident (MM/DD/YYYY):

Division/Branch:

Location or Address:

Language Access Issues: (Check all that apply)

- No interpretation services provided
- Lack of available translated materials
- Services not timely
- Other:

What Language did you need assistance with?

- Korean
- Spanish
- Tagalog
- Vietnamese
- Other:

Provide a brief description of the incident/issue: Attach additional pages, if needed.
(print name on each additional page)

RESOLUTION

How did you and the California Department of Education attempt to resolve the problem. Please be specific and attach additional pages, if needed (print name on each additional page).

I certify that this statement of my complaint above and any additional pages is true and correct to the best of my knowledge. I agree to notify the CDE if I change my contact information.

Complainant Signature

Date (MM/DD/YYYY)

DO NOT WRITE IN THIS BOX. OFFICE OF EQUAL OPPORTUNITY USE ONLY:

Date/Time Received (MM/DD/YYYY):

Log Number:

Action Taken/Resolution:

Date of Resolution:

OEO Staff Person:

Phone:

Email:

Additional Information: