

1. Complainant Information

Full Name (First, Last) Phone Number Alternative Phone Number

Mailing Address (Street, City, State, ZIP)

Is someone else filing this complaint for you? Yes No
If yes, include his/her full name

2. Nature of Complaint

Date of the incident Name of CalHR staff involved, if known

- I was denied an interpreter in my chosen language.
- The interpreter(s) skills were not good.
- I was not given translated materials in the Non English language I can understand.
- I was unable to use services, programs or activities due to a language barrier.
- Other

Please explain the selection above, include language and document(s) needed, if known.

How did you and/or CalHR attempt to resolve the problem? Please be specific as possible.

4. Submission

Submit complaint to: Equal Employment Opportunity Office
California Department of Human Resources
1515 S Street, North Building, Suite 500
Sacramento, CA 95811

or via e-mail: EEO@calhr.ca.gov

Questions regarding Language Access Complaints or the process for submitting a complaint can be made to CalHR's Equal employment Opportunity Office by calling (916) 324-1128 or via email at EEO@calhr.ca.gov