

**Agency / Department Information**

Agency / Department Name

Director's Name

Director's Signature

Date

Our agency/department has completed its Language Survey and verified accuracy of the data prior to submitting to the California Department of Human Resources.

Submit the following copies with this transmittal:

- Position Deficiency Analysis (if applicable)
- Actual Position Deficiency Corrective Plan (if applicable)
- "Units by Reporting Group/All Reporting Groups" Report
- Print out of Language Survey Responses

**Language Survey Coordinator**

Language Survey (LS) Coordinator's Name

Phone Number

LS Coordinator's E-Mail

LS Coordinator's Signature

Date

**Language Survey Manager**

LS Manager's Name

Phone Number

LS Manager's E-Mail

**Submission**

**Send completed form and attachments to:**

California Department of Human Resources  
Office of Civil Rights  
1515 S Street North Building, Suite 400  
Sacramento, CA 95811

**Or submit pdf by e-mail to: [lingual@calhr.ca.gov](mailto:lingual@calhr.ca.gov)**

Confirmation of receipt will be sent via email