

Statement of Completion

Agency/Department Name

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

Submit copies of your corrective action plans with this transmittal.

Director's Approval

Director's Name

Signature

Date

Language Survey Coordinator's Certification

LS Coordinator's Name

LS Coordinator's Phone LS Coordinator's Email

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Signature

Date

Language Survey Coordinator's Manager

Manager's Name

Manager's Phone Manager's Email

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Submission Address for Completed Form and Attachments

California Department of Human Resources
Office of Civil Rights
1515 S Street, North Building, Suite 500
Sacramento, CA 95811