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DEPARTMENT OF CHILD SUPPORT SERVICES
LANGUAGE ACCESS COMPLAINT FORM

Use this form to record complaints related to language access with the California Department of Child Support Services. Please return this form and any related documentation to the Equal Employment Opportunity Office, Fax #: 916.464.0199; email: personnelhelp@dcss.ca.gov; or mail to: Department of Child Support Services, Equal Employment Opportunity Office, P.O. Box 419064, Rancho Cordova, CA 95741-9064.

1. CONTACT INFORMATION	
Name:	
Address:	
Phone Number:	
Email:	

2. COMPLAINT DETAILS	
Date of Incident:	
Department/Agency:	
Location or Address:	
Language Access Issue(s):	(Check all that apply) ☐ Lack of forms/materials in the language I needed ☐ Lack of bilingual personnel ☐ I was not offered an interpreter ☐ Other: (please specify below)_____
What language did you need assistance with?	☐ Spanish ☐ Mandarin ☐ Russian ☐ Cantonese ☐ Tagalog ☐ Vietnamese ☐ Other: _____
Brief Description: Please be specific. Attach additional pages if necessary.	

3. FORM ASSISTANCE	
Did someone assist you in completing this form?	☐ **Yes** (*input information below*) ☐ **No** (*leave blank below*)
Name:	
Organization:	
Phone Number:	
Email:	

DO NOT WRITE IN THIS BOX (DEPARTMENTAL USE ONLY).

Date Received:	
Action Taken:	
Contact Person:	
Phone:	
Email:	

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