

STATE OF CALIFORNIA  
 SECRETARY OF STATE  
**Language Access Complaint Form**



The Secretary of State's Office is fully committed to ensuring that all persons accessing its services are provided these services in an appropriate and timely manner. The Dymally-Alatorre Bilingual Services Act (California Government Code sections 7290-7299.8) requires the Secretary of State's office to provide effective communication to all people utilizing public services. If you feel the Secretary of State's office was unable to serve you because of a language barrier (limited-English proficiency) or other communication differences, the Secretary of State's office may be able to provide additional communication assistance that will assist you with the information or services you have requested.

Please use this form to report any language access complaint you have encountered at the Secretary of State's office. Please submit this form and any supporting documentation to: **Secretary of State, Human Resources Office, 1500 11<sup>th</sup> Street Room 475, Sacramento, CA 95814, Attention: Equal Employment Opportunity Officer.** You may also fax the form and supporting documentation to (916) 653-8024.

SECTION A – CUSTOMER INFORMATION	
Name:	
Language Spoken:	
Address:	
Phone Number:	
Email:	

SECTION B – COMPLAINT DETAILS	
Date of Incident:	
Location of office:	
Division/Unit	
Language Access Issues:	(Check all that apply) <input type="checkbox"/> Lack of assistance by agency staff in non-English language <input type="checkbox"/> Lack of translated materials in non-English language <input type="checkbox"/> Interpreter available was not skilled/knowledgeable <input type="checkbox"/> Translations were not accurate <input type="checkbox"/> Other (explain) _____
What language did you need assistance with?	<input type="checkbox"/> Cantonese <input type="checkbox"/> Hmong <input type="checkbox"/> Mandarin <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Other (explain) _____



**SECTION B – COMPLAINT DETAILS (CONT.)**

Brief Description of Complaint: (Attach additional pages if needed)

**SECTION C – FORM ASSISTANCE**

Did someone assist you in completing this form?	<input type="checkbox"/> Yes (input information below) <input type="checkbox"/> No
Name:	
Organization:	
Phone Number:	
Email:	

**SECTION D – DEPARTMENTAL USE ONLY**

Date & Time Received:	
Action Taken:	
Contact Person:	
Tracking Number:	