

English

Español

### 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](mailto: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](mailto:EEO@calhr.ca.gov)