

California Department of Education Language Services Complaint Form

Use this form to record complaints related to language services provided by the California Department of Education. Please return this form and any related documentation to the Office of Equal Opportunity, Fax #: 916-324-9818, email: oeoinfo@cde.ca.gov or mail to: 1430 N Street, Suite 4206; Sacramento, CA 95814

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

2. COMPLAINT DETAILS	
Date of Incident:	
Division/Branch:	
Location or Address:	
Language Access Issues:	(Check all that apply) <input type="checkbox"/> No interpretation services provided <input type="checkbox"/> Lack of available translated materials <input type="checkbox"/> Services not timely <input type="checkbox"/> Other: _____
What language did you need assistance with?	<input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____
Brief Description of incident/issue: Attach additional pages, if needed. (print name on each additional page)	

3. RESOLUTION

How did you and the California Department of Education attempt to resolve the problem. Please be specific. Attach additional pages, if needed. (print name on each additional page).

I certify that this statement of my complaint above and any additional pages is true to best of knowledge and belief. I agree to notify the CDE if I change my contact information.

Signature: _____

Date (MM/DD/YYYY) _____

(Person filing complaint)

DO NOT WRITE IN THIS BOX. OFFICE OF EQUAL OPPORTUNITY USE ONLY:

Date/Time Received:	
Log Number	
Action Taken/Resolution:	
Date of Resolution	
OEO Staff Person:	
Phone:	
Email:	
Any Additional Information	