



## TITLE VI PROGRAM LIMITED ENGLISH PROFICIENCY (LEP) REPORTING FORM

NAME: \_\_\_\_\_ DISTRICT/HQ: \_\_\_\_\_ DATE: \_\_\_\_\_

HOW DID THE LEP PERSON CONTACT YOU?

WALK-IN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ IN WRITING: \_\_\_\_\_

HOW WAS THE INTERPRETER/TRANSLATION SERVICES PROVIDED?

- DEPARTMENT VOLUNTEER \_\_\_\_\_
- DEPARTMENT CERTIFIED INTERPRETER/TRANSLATOR \_\_\_\_\_
- LANGUAGE LINE TELE-INTERPRETER SERVICE \_\_\_\_\_
- OTHER (PLEASE SPECIFY) \_\_\_\_\_

LANGUAGE \_\_\_\_\_

LENGTH OF TIME TO PROVIDE SERVICE \_\_\_\_\_

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PLEASE SEND THE COMPLETED FORM TO:

ALEXIS JONES, LEP SPECIALIST  
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SACRAMENTO, CA 95811  
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FAX: 916-324-1869  
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