

LANGUAGE ACCESS COMPLAINT

Form revised June 2015

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy ACT (P.L. 93-579) and the Information Practices Act of 1977 (IPA) (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this complaint. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977 or business necessity. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

Please use this form to record complaints related to language access with the California Department of Transportation (Caltrans). Please return completed form and any related documentation to the Caltrans Equal Employment Opportunity Office; Fax: (916) 227-2775 Mail: 1820 Alhambra Blvd, MS 92, Sacramento, CA 95816

If you have any difficulty understanding these instructions or have any questions, please contact Caltrans EEOP at 1-844-DOT-EEOP (368-3367) or 916-227-2793

CONTACT INFORMATION

Name:			
Address			
City:	State:	Zip:	
Phone:	Email:		
Is someone else helping you file this complaint?	Yes	No	If yes, include their:
Name:	Phone:		

COMPLAINT DETAILS

What language did you need assistance with?
Where did the language access problem happen? (Department/District/Division)
Nature of Complaint:
<input type="checkbox"/> Assistance not available in non-English language <input type="checkbox"/> Translated materials not available in non-English language <input type="checkbox"/> Interpreting service was not able to help <input type="checkbox"/> Other: Please Specify:

Please describe what happened. Attach extra pages if necessary:

Have you filed a complaint for this issue before?	Yes	No	Date:
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I certify that this statement is true to the best of my knowledge and belief.

Signature:	Date (MM/DD/YYYY):
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FOR OFFICE USE ONLY:

Date Complaint Received:	Name of person handling complaint:
Follow-up required?	Yes No
Reason:	
Describe how complaint was resolved. Attach additional pages if necessary:	
Date Resolved:	Number of days to resolve:

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814