

**LANGUAGE ACCESS COMPLAINT FORM**

DBO HRO 139 (05-15)

**Instructions for completing this form and routing it to the person handling this complaint is listed below:**

The Department of Business Oversight's (DBO) policy is to take reasonable steps to overcome language barriers to public services and programs. To do this, our goal is to:

1. Talk to you in your language, and
2. Make vital forms and documents accessible in your language.

Your comments on this form will help us towards that goal. All information is confidential. Please print, and sign the form. Then send it by mail or email as shown below:

**Department of Business Oversight  
Equal Employment Opportunity Office  
1515 K Street, Suite 200  
Sacramento, CA 95814  
Leon.Medina@dbo.ca.gov**

**PART A: PERSON MAKING THE COMPLAINT**

<b>FIRST NAME:</b>	<b>LAST NAME:</b>		
<b>STREET ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>TELEPHONE NUMBER:</b>	<b>E-MAIL ADDRESS:</b>		
<b>PREFERRED LANGUAGE:</b>			
<b>IS SOMEONE ELSE HELPING YOU FILE THIS COMPLAINT?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>IF YES, PROVIDE THEIR NAME BELOW:</b> FIRST NAME: LAST NAME:		

**PART B: NATURE OF THE PROBLEM****Check all boxes that apply and explain below:**

- I was not offered an interpreter.
- I asked for an interpreter and was denied.
- The interpreter(s) or translator(s) skills were not competent.
- The interpreter(s) made rude or inappropriate comments.
- The services took too long (Explain below).
- I was not given forms or notices in a language I can understand (List documents needed below).
- I was unable to use services, programs, or activities (Explain below).
- Other (Explain below).

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When did the problem happen?      Date: (MM/DD/YYYY) \_\_\_\_\_      Time: \_\_\_\_\_  AM  PM

Where did the problem happen?

Describe what happened:

Did you complain to anyone from the Department/Agency? Who and what was the response? Please be specific.

**PART C: RESOLUTION**

Date: (MM/DD/YYYY) \_\_\_\_\_

Resolution:

(I certify that this statement is true to the best of my knowledge and belief)

Signature: \_\_\_\_\_      Date: (MM/DD/YYYY): \_\_\_\_\_