

**Language Access Complaint Form
DS 6022 (New 07/2015)**

Use this form to record complaints related to language access with the Department of Developmental Services. Please return this form and any related documentation to the Office of Human Rights and Advocacy, Fax: (916) 651-8210; Email: OHRAS@DDS.CA.GOV; or mail to: Department of Developmental Services, Bilingual Coordinator, OHRAS, 1600 Ninth Street, Room 240 (MS 2-15); Sacramento, CA 95814.

1. COMPLAINANT CONTACT INFORMATION

FIRST NAME:		LAST NAME:	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE (1):	PHONE (2):	EMAIL:	

2. COMPLAINT DETAILS (Please fill out below, attach additional pages if needed.)

INCIDENT DATE:	Month: _____ Day: _____ Year: _____
INCIDENT LOCATION: (DDS HQ/ FACILITY)	<input type="checkbox"/> Sacramento <input type="checkbox"/> Canyon Springs <input type="checkbox"/> Sonoma <input type="checkbox"/> Porterville <input type="checkbox"/> Fairview

HQ/FACILITY DIVISION OR UNIT:

LANGUAGE ACCESS ISSUES:	<input type="checkbox"/> Lack of signs informing the public of translation services
	<input type="checkbox"/> Lack of forms/ materials in multiple languages
	<input type="checkbox"/> Lack of bilingual personnel
TELL US ABOUT THE INCIDENT:	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> In person <input type="checkbox"/> On the phone <input type="checkbox"/> Via email
	<input type="checkbox"/> Letter <input type="checkbox"/> Other: _____
WHAT LANGUAGE DID YOU NEED ASSISTANCE WITH?	<input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Russian
	<input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Other: _____

3. FORMS ASSISTANCE

Did someone assist you in completing this form? Yes (complete information below) No (if no, leave blank)

FIRST NAME:	LAST NAME:
ORGANIZATION:	
PHONE:	EMAIL:

DEPARTMENTAL USE ONLY	
NAME:	DATE:
PHONE:	EMAIL:
ACTION TAKEN:	