

LANGUAGE ACCESS COMPLAINT

NAME (first, last)

ADDRESS (street number, street name)

CITY/STATE/ZIP CODE

HOME PHONE (include area code)

BUSINESS PHONE (include area code)

PROGRAM OR OFFICE ALLEGEDLY IN VIOLATION

NAME OF BOE PROGRAM/OFFICE INVOLVED IN THE ALLEGED VIOLATION

NAME OF THE BOE EMPLOYEE INVOLVED IN THE ALLEGED VIOLATION

DATE ALLEGED VIOLATION OCCURRED

CHECK THE TYPE OF VIOLATION THAT OCCURRED:

Failure to make translated documents available Interpreter services not provided Services not timely

Interpreter or translators were not competent Was unable to access services, programs, or activities

Other:

Please provide a description of the alleged violation and request remedy:

Have you attempted to resolve the problem with anyone at Board of Equalization (BOE)?

Yes No If yes, please explain what steps you have taken to resolve the problem and who at BOE has assisted you.

INSTRUCTIONS

Please complete, print, and send the form to the address below, or scan and email the form to: EEO@boe.ca.gov.

**State Board of Equalization
Equal Employment Opportunity Office, MIC:122
PO Box 942879
Sacramento, CA 94279-0122**

SIGNATURE

DATE