

LANGUAGE ACCESS COMPLAINT

NAME (first, last)

ADDRESS

CITY/STATE/ZIP

HOME PHONE (include area code)

()

BUSINESS PHONE (include area code)

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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
 Service 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 requested remedy:

Have you attempted to resolve the problem with anyone at BOE?

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

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

State Board of Equalization
Equal Employment Opportunity Office – MIC 51
PO Box 942879
Sacramento, CA 94279-0051

SIGNATURE

DATE