

LANGUAGE ACCESS COMPLAINT FORM

HCD DIR 15 (NEW 5/15)

OFFICE OF THE DIRECTOR
Equal Employment Opportunity (EEO) Office
Page 1 of 2

If you feel we have been unable to serve you because of language or other communication barriers, the Department may be able to help. Please complete this form and mail to: Department of Housing and Community Development, Equal Employment Opportunity Office, 2020 W. El Camino Avenue, Suite 461, Sacramento, CA 95833.

1. CONTACT INFORMATION	
Name:	
Address:	
Phone number:	
Email address:	
2. COMPLAINT DETAILS	
Date of incident:	
Method of contact:	<input type="checkbox"/> In-Person <input type="checkbox"/> Telephone <input type="checkbox"/> Other: _____
Name of contacted Program/Section/Unit:	
Name of individual(s) who assisted you:	
Location of services (address if known):	
Language access or communication barrier issue(s):	(Check all that apply) <input type="checkbox"/> Lack of bilingual personnel <input type="checkbox"/> Lack of interpreter services <input type="checkbox"/> Lack of translated forms/materials <input type="checkbox"/> Lack of signs informing the public of interpreter/translation services <input type="checkbox"/> Other: _____
What language did you need assistance with?	<input type="checkbox"/> American Sign Language <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____
Brief description (attach additional pages if needed):	
3. FORM ASSISTANCE	
Did someone assist you in completing this form?	<input type="checkbox"/> Yes (complete information below) <input type="checkbox"/> No (leave information below blank)
Name:	
Organization:	
Phone number:	
Email address:	

You may file a complaint of lack of adequate access to your language against our Department with the California Department of Human Resources at (866) 889-3278, or with the United States Department of Justice, Office of Civil Rights at 950 Pennsylvania Avenue, Washington, DC 20530-0001.

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (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 form. 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. 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 (916) 263-3635 (or 711 California Relay Service).

LANGUAGE ACCESS COMPLAINT FORM

HCD DIR 15 (NEW 5/15)

Language Access/Communication Barrier Resolution Process

The Department of Housing and Community Development (HCD) maintains a Bilingual Services Program, as required by Dymally-Alatorre Bilingual Services Act (Government Code Section 7298 et seq.), to promote effective communications with all of its customers, particularly customers who speak English as a second language, or who may have other communication impairments.

It is HCD's policy to fully comply with the requirements of the Americans with Disabilities Act, the Rehabilitation Act of 1973, the California Fair Employment and Housing Act, and other state and federal laws relating to the rights of persons with disabilities.

If you feel we have been unable to serve you because of language or other communication differences, the Department may be able to help. Please complete the Language Access Complaint Form HCD DIR 15 or take the following steps to help us resolve your language or communication assistance needs so that you can receive the HCD services you seek.

1. Call us at the following toll-free number to leave a message at any time:

1-866-832-8122 (or 711 California Relay Service)

2. Be prepared to provide the following information for yourself or the person you are representing who sought services as an HCD customer:
 - a. Customer's name, address, and phone number (or a phone number where messages can be left);
 - b. Date the customer tried to receive services;
 - c. Location where the customer tried to receive services; and
 - d. Brief description of the services sought by the customer.
3. HCD will follow up to acknowledge your complaint.
4. HCD will attempt to resolve your concern within five (5) business days.