



STATE OF CALIFORNIA – OFFICE OF THE INSPECTOR GENERAL
LANGUAGE ACCESS COMPLAINT PROCESS AND COMPLAINT FORM

COMPLAINANT INFORMATION

Full Name (First, Last): _____

Phone Number: _____ Alternative Phone Number: _____

Mailing Address (Street, City, State, ZIP): _____

Email Address: _____

Is someone else filing this complaint for you? Yes No

If yes, please include their full name: _____

NATURE OF COMPLAINT

Date of the incident: _____

Name of OIG staff involved, if known: _____

- I was denied an interpreter in my chosen language and/or the interpreter(s) skill were not good.
- I was not given translated materials in the Non English language I can understand.
- I was unable to use services, programs, or activities due to a language barrier.
- Other.

Please explain the selection above, include language and document(s) needed, if known.

How did you and/or OIG attempt to resolve the problem? Please be specific as possible.

Submit complaint to: California Office of the Inspector General
Attn: Legal Services Unit
10111 Old Placerville Road, Suite 110
Sacramento, CA 95827

Questions regarding Language Access Complaints or the process for submitting a complaint can be submitting using the “Connect with Us” feature on our website.