

Language Access Complaint Form DS 6022 (New 06/2022)

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, Email: OHRAS@DDS.CA.GOV; **or** mail to: Department of Developmental Services, Bilingual Coordinator, OHRAS, 1215 O Street, MS 10-50, 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)
 Sacramento

 Canyon Springs

 Sonoma

 Porterville

 Fairview

HQ/FACILITY DIVISION OR UNIT:

LANGUAGE ACCESS ISSUES:

 Lack of signs informing the public of translation services

 Lack of forms/ materials in multiple languages

 Lack of bilingual personnel

 Other: _____

TELL US ABOUT THE INCIDENT:

 In person
 On the phone
 Via email

 Letter
 Other: _____

WHAT LANGUAGE DID YOU NEED ASSISTANCE WITH?

 Mandarin
 Cantonese
 Russian

 Spanish
 Tagalog
 Vietnamese

 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: