

State Council on Developmental Disabilities

Language Access Complaint Form

Please use this form to report any language access complaint you have encountered at the State Council on Developmental Disabilities. Please return this form and any supporting documentation by mail to the State Council on Developmental Disabilities' EEO Office at 1507 21st Street Suite 210, Sacramento, CA 95811 or send an email with the attached complaint form to council@scdd.ca.gov. If you have any questions or concerns you may contact the State Council on Developmental Disabilities' EEO Office at (916) 322-5521.

1. Complainant's Contact Number	
Name:	
Address:	
Phone Number:	
Email:	

2. Complaint Details	
Date of Incident:	
What Language did you need assistance with? (Check one that applies)	<input type="checkbox"/> Farsi <input type="checkbox"/> Hindi <input type="checkbox"/> Japanese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Korean <input type="checkbox"/> Urdu <input type="checkbox"/> Khmer <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Other: _____
Brief Description of Complaint (Attach additional pages if needed):	

3. Form Assistance	
Did someone assist you in completing this form?	<input type="checkbox"/> Yes (input information below) <input type="checkbox"/> No (leave blank)
Name:	
Organization or Relationship to Claimant:	
Phone Number:	

4. Signature of Person Making The Complaint	
<i>I certify that this statement of my complaint above and any pages attached is true to the best of my knowledge and belief.</i>	
Signature:	Date:

SCDD USE ONLY

Date Received:	Contact Person:
Phone:	Email:
Action Taken:	