

Use this form to record complaints related to language access within the California Department of Fish and Wildlife. Please return this form and any related documentation to the Office of Equal Employment Opportunity, email: <u>EEO @wildlife.ca.gov</u>, or mail to: P.O. Box 944209, Sacramento, CA 94244-2090

1. CONTACT INFORMATION		
Name:		
Language Spoken:		
Address:		
Phone Number:		
Email:		
2. COMPLAINT DETAILS		
Date of Incident:		
Location or Address:		
Language Access Iss	sues:	(Check all that apply) Lack of assistance by agency staff in non-English language. Lack of translated materials in non-English language. Interpreter available was not skilled/knowledgeable. Translations were not accurate. Other (Explain):
What language did yo need assistance with		Armenian Hmong Mandarin Spanish Tagalog Other:
3. FORM ASSISTANCE		
Did someone assist you in completing this form?		completing this form? Yes (input information below) No (leave blank)
Name:		1
Organization:		
Phone Number:		
Email:		
DEPARTMENTAL USE ONLY		
Date & Time Receive	ed:	
Tracking Number:		