

LANGUAGE ACCESS ASSISTANCE RESOLUTION FORM

This form may be used by any member of the public to request language access assistance or file a complaint regarding an inability to receive services due to a language barrier from the Office of Environmental Health Hazard Assessment (OEHHHA) and any regional OEHHHA offices. For questions related to language access services or for assistance filing a complaint, please contact the Bilingual Coordinator at **(916) 327-1444**.

Submit completed form to:

Office of Environmental Health Hazard Assessment
Human Resources Branch
Attention: Bilingual Coordinator
1001 I Street, 12th Floor, MS-19B
Sacramento, CA 95814

OR

Email complaints to: HR.mail@oehha.ca.gov

Please answer all questions below. You may use additional sheets, if needed.

Complainant Information:

This information is required so that we can contact you to assist with resolving your complaint.

Name	
Primary Language	
Email Address	
Mailing Address	
Telephone Number (daytime)	
Alternate Number	

Nature of the Problem:

- | | |
|--|---|
| ☐ Not provided interpretation services | ☐ Not provided translated materials |
| ☐ Interpreters or translators not competent | ☐ Unable to access services, programs, or activities |
| ☐ Services not timely | ☐ Lack of signs informing public of language access services |
| ☐ Other | |

Please describe what happened:

Where did this occur? (Physical address or Website)

--

When did this occur?

--

If you spoke to someone to request assistance, what was their name?

--

What is the best time to contact you to discuss your concern?

Day:		Time:	
-------------	--	--------------	--

The Office of Environmental Health Hazard Assessment is committed to providing services to all members of the public regardless of English proficiency. Your concern is of the highest priority, and we will make every effort to contact you within one week of receiving your complaint. If efforts to reach you by telephone and/or email are unsuccessful, we will send a letter to your home mailing address, as listed.

Signature	Date

<u>FOR OFFICE USE ONLY</u>	Date/Time Received:	
Describe how this complaint was resolved:		
Date Complainant notified of the resolution:		Name of staff who made contact: