

Access to Services in Your Language: Complaint Form

The California Victim Compensation Board's policy is to ensure that all persons, including those who are non or Limited-English Proficient, are provided equal access to services and information in compliance with the Dymally-Alatorre Bilingual Services Act. To do this, our goal is to provide vital forms and documents in the most frequently used languages, in addition to English. Your comments on this form will help us towards that goal. All information is confidential.

Please print and sign the form, then send to:

California Victim Compensation Board
Human Resources Branch
400 R Street, Ste. 400
Sacramento, CA 95811
hr@victims.ca.gov
Fax (916) 491-6407

Person making the complaint

Claimant ID
(if available) _____

Preferred Language _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Primary Phone _____ Other Phone _____

Is someone else helping you file this complaint? Yes No *If yes, include their:*

First Name _____ Last Name _____

What was the problem?

Check all the boxes that apply and explain.

- I was not offered an interpreter
- I asked for an interpreter and was denied
- The interpreter(s) or translator(s) skills were not good (List their names, if known)
- The interpreter(s) made rude or inappropriate comments
- The services took too long (Explain below)
- I was not given forms or notices in a language I can understand (List documents needed below)
- I was unable to use services, programs or activities (Explain below)
- Other (Explain below)

When did the problem happen? Date _____ Time _____ AM PM

Where did the problem happen? _____

Describe what happened

Please be specific. Use additional pages as needed. Print your name on each sheet. List language, services and documents needed. Include names, addresses and phone numbers of people involved, if known.

Did you complain to anyone from the agency? Who and what was the response?
Please be specific

I certify that this statement is true to the best of my knowledge and belief.

Signature _____

Date _____

Departmental Use Only

Date Received _____

Reviewer _____

Resolution _____