



**California Governor's Office of Emergency Services  
BILINGUAL SERVICES COMPLAINT FORM**

Please provide the following information, in order that your complaint may be appropriately addressed. Assistance is available upon request.

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Telephone No. (Cell): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of person who allegedly received inadequate bilingual services *(if other than complainant)*:  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Telephone No. (Cell): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Describe the circumstances surrounding the bilingual services received. Be specific about what happened, when it occurred, who was involved, etc. *(Attach additional sheets of paper as needed.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What Cal OES employee(s) does the complainant allege were involved?

\_\_\_\_\_

Where did the incident take place? \_\_\_\_\_

If not English, what is complainant's primary language? \_\_\_\_\_

Were there witnesses? If yes, please provide their contact information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

How could the City improve its bilingual services? \_\_\_\_\_

\_\_\_\_\_

***Complainant: please sign in the space below***

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

***Attach supporting documents to this complaint form. Submit this form and supporting documentation to: Cal OES EEO Office, 3650 Schriever Avenue, Mather, CA. 95655.***

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*For official use only:*

Complaint received by (name): \_\_\_\_\_

Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_