

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 California Department of Pesticide Regulation (DPR) and any regional DPR offices. For questions related to language access services or for assistance filing a complaint, please contact the Bilingual Coordinator at **(916) 322-4553**.

Submit completed form to:

California Department of Pesticide Regulation
Human Resources Branch, Attention: Bilingual Coordinator
1001 I Street, 4th Floor, MS-4B, Sacramento, CA 95814

Fax: (916) 445-6416

Email: BilingualServices@cdpr.ca.gov

Please answer all questions. 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:

- | | |
|--|---|
| <input type="checkbox"/> Not provided interpretation services | <input type="checkbox"/> Not provided translated materials |
| <input type="checkbox"/> Interpreters or translators not competent | <input type="checkbox"/> Unable to access services, programs or activities |
| <input type="checkbox"/> Services not timely | <input type="checkbox"/> Lack of signs informing public of language access services |
| <input type="checkbox"/> 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 California Department of Pesticide Regulation 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

FOR OFFICE USE ONLY

Date/Time Received: _____

Describe how this complaint was resolved:

Date complainant was notified of resolution: _____ Name of staff who made contact: _____