

**LANGUAGE ACCESS COMPLAINT FORM**

Send to [eeoofficer@ocfair.com](mailto:eeoofficer@ocfair.com)

<b>CONTACT INFORMATION</b>	
NAME (first, last):	TELEPHONE NUMBER:
ADDRESS: Select One	EMAIL:
PREFERRED LANGUAGE: Select One	NAME OF PERSON HELPING WITH THIS FORM:
<b>COMPLAINT DETAILS</b>	
DATE OF INCIDENT (MM/DD/YY):	TIME OF INCIDENT (AM/PM):
NAME OF EMPLOYEE(S)/INTERPRETER(S) (if known):	UNIT/BUILDING:
<p>CHECK ALL THE BOXES THAT APPLY:</p> <p><input type="checkbox"/> I asked for an interpreter and was denied.</p> <p><input type="checkbox"/> The interpreter(s) skills were below standard.</p> <p><input type="checkbox"/> Services were not timely.</p> <p><input type="checkbox"/> I was not given forms or notices in a language I can understand.</p> <p><input type="checkbox"/> I was unable to use services, programs or activities.</p> <p><input type="checkbox"/> Other (explain):</p>	
DESCRIPTION OF THE LANGUAGE ACCESS ISSUE (please be specific):	
<p>I CERTIFY THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.</p> <p><input type="checkbox"/> By checking this box and typing my name below, I am electronically signing my application.</p>	
_____	_____
<b>SIGNATURE OF PERSON MAKING COMPLAINT</b>	<b>DATE (MM/DD/YY)</b>
<b>DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.</b>	
DATE RECEIVED (MM/DD/YY):	REVIEWER NAME:
RESOLUTION:	