



CITY AND COUNTY OF SAN FRANCISCO

OFFICE OF CIVIC ENGAGEMENT & IMMIGRANT AFFAIRS

Edwin M. Lee, Mayor
Naomi Kelly, City Administrator

Adrienne Pon, Executive Director

LANGUAGE ACCESS COMPLAINT FORM

The Office of Civic Engagement and Immigrant Affairs (OCEIA) is responsible for collecting, investigating, responding to, and tracking all complaints regarding San Francisco’s Language Access Ordinance (LAO).

Today’s Date	___/___/___ (MM/DD/YYYY)	
Name		
	<i>Do you give OCEIA permission to share your name and contact information with the involved Department?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Information	Email:	Phone:
	Mailing Address:	

COMPLAINT DETAILS			
Date of Incident	___/___/___ (MM/DD/YYYY)	Time (if known)	___ a.m. ___ p.m.
City Department/Office			
Address			
Language Access Issues (check all that apply)	<input type="checkbox"/> 1. I was not informed about the availability of language services <input type="checkbox"/> 2. Lack of translated documents (such as forms, notices of eligibility for services or benefits) <input type="checkbox"/> 3. Lack of translated, publicly-posted signs providing information about department services or programs <input type="checkbox"/> 4. Poor quality of translated documents <input type="checkbox"/> 5. Lack of bilingual employees or interpreters to provide assistance in my language <input type="checkbox"/> 6. Employee or interpreter had inadequate proficiency in my language <input type="checkbox"/> 7. Lack of recorded telephone messages in my language indicating department hours and services <input type="checkbox"/> 8. Other (please specify) _____		
What language did you need assistance with?	<input type="checkbox"/> Cantonese <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Mandarin <input type="checkbox"/> Filipino <input type="checkbox"/> Other(please specify)___		
Did you tell department staff that you needed	<input type="checkbox"/> Yes <input type="checkbox"/> No		

assistance in your language?		
If yes, please describe how you asked for assistance in your language.		
FORM ASSISTANCE		
Did someone assist you in completing this form?	<input type="checkbox"/> Yes (<i>Input information below</i>)	<input type="checkbox"/> No (<i>Leave Blank</i>)
Assisted by	Name	Department/Organization
Contact Information	Email:	Phone:
	Mailing Address:	

COMPLAINT DESCRIPTION
Please provide a description. Include details such as the name(s) or position(s) of any relevant individuals and the type of services/information that you were seeking.

DESIRED OUTCOME
Please provide a description of the ideal outcome or solution for the issue or problem you experienced.