



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

San Francisco's Language Access Ordinance (LAO) requires all public-serving City Departments to inform all Limited English Proficient (LEP) persons who seek services, in their native language, of their right to request interpretation or translation; to translate written materials and signs that provide important information about the Department's services or programs into the City's three most common non-English languages (Chinese, Filipino, and Spanish); and to provide access to staff that speak these languages.

Use this form to record complaints related to language access in San Francisco City Departments.

Today's Date	__/__/__ (MM/DD/YYYY)	
Name		
	Do you give OCEIA permission to share your name with the involved Department?	<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 my right to request language access services <input type="checkbox"/> 2. Lack of translated forms/written materials or publicly-posted documents <input type="checkbox"/> 3. Lack of bilingual employees to provide assistance in my language <input type="checkbox"/> 4. Lack of recorded telephone messages in my language <input type="checkbox"/> 5. Poor quality of interpretation services/poor quality of translated documents <input type="checkbox"/> 6. Delayed access services in my language <input type="checkbox"/> 7. 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"/> Other (please specify) _____ <input type="checkbox"/> Mandarin <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese	
Please include a description of the complaint on the next page.		

FORM ASSISTANCE		
Did someone assist you in completing this form?	<input type="checkbox"/> Yes (Input information below)	<input type="checkbox"/> No (Leave Blank)
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.