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? ☐ Yes ☐ 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)

☐ 1. I was not informed about my right to request language access services
☐ 2. Lack of translated forms/written materials or publicly-posted documents
☐ 3. Lack of bilingual employees to provide assistance in my language
☐ 4. Lack of recorded telephone messages in my language
☐ 5. Poor quality of interpretation services/poor quality of translated documents
☐ 6. Delayed access services in my language
☐ 7. Other (please specify) ______

What language did you need assistance with?

☐ Cantonese ☐ Spanish ☐ Russian ☐ Other (please specify) ______
☐ Mandarin ☐ Filipino ☐ Vietnamese

Please include a description of the complaint on the next page.

FORM ASSISTANCE

Did someone assist you in completing this form? ☐ Yes (Input information below) ☐ No (Leave Blank)

Assisted by

Name Department/Organization

Contact Information

Email: Phone:
Mailing Address:

Please return this form and any related documentation to the Office of Civic Engagement & Immigrant Affairs (OCEIA), Fax #: 415.581.2351, email: civic.engagement@sfgov.org, or mail to: 50 Van Ness Ave, San Francisco, CA 94102.
## 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.