



Department of Forestry and Fire Protection

Equal Employment Opportunity Office

P.O. Box 94246

Sacramento, California 94244-2460

Phone (916) 653-0422 Fax (916) 654-9988

Language Access Complaint Form

If you feel we have been unable to serve you because of language barriers or non-compliance with the Dymally-Alatorre Bilingual Services Act, CAL FIRE may be able to provide additional assistance in serving your requested needs. Please provide the following information and we will attempt to resolve your concern(s) in a timely manner.

YOUR FIRST NAME	YOUR LAST NAME
HOME PHONE	OTHER PHONE
STREET ADDRESS	CITY
STATE	ZIP
Is someone else filing this complaint for you? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, include his/her FIRST NAME	LAST NAME
NATURE OF COMPLAINT (please select one)	
<input type="checkbox"/> Lack of assistance by CAL FIRE staff in your language.	<input type="checkbox"/> Lack of translated materials in your language.
<input type="checkbox"/> Interpreter available was not skilled/knowledgeable.	<input type="checkbox"/> Translations were not accurate.
<input type="checkbox"/> Other: Explain	
Describe briefly what happened. Please provide specific names and addresses where possible. (Attach additional pages as needed.)	
How did you and CAL FIRE attempt to resolve the problem? Please be specific as possible.	
<i>I certify that this statement of my complaint above and on any pages attached is true to the best of my knowledge and belief.</i>	
SIGNATURE	DATE (MM/DD/YYYY)

You may file a complaint against our department for lack of adequate access to your language with the CA Department of Human Resources, 1515 S Street, Sacramento, CA 95814.