

**LANGUAGE ACCESS COMPLAINT**

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

NAME (first, last)

ADDRESS

CITY/STATE/ZIP

HOME PHONE (include area code)

(     )

BUSINESS PHONE (include area code)

(     )

**PROGRAM OR OFFICE ALLEGEDLY IN VIOLATION**

NAME OF THE CDTFA PROGRAM/OFFICE INVOLVED IN THE ALLEGED VIOLATION

NAME OF THE CDTFA EMPLOYEE INVOLVED IN THE ALLEGED VIOLATION

DATE ALLEGED VIOLATION OCCURRED

**CHECK THE TYPE OF VIOLATION THAT OCCURRED:**

- Failure to make translated documents available
- Interpreter services not provided
- Service not timely
- Interpreter or translators were not competent
- Was unable to access services, programs or activities
- Other:

Please provide a description of the alleged violation and requested remedy:

Have you attempted to resolve the problem with anyone at CDTFA?

- Yes    No   If yes, please explain what steps you have taken to resolve the problem; and who at CDTFA has assisted you.

**INSTRUCTIONS**

Please complete, print, and send the form to the address listed below, or scan and email the form to: [EEO@cdtfa.ca.gov](mailto:EEO@cdtfa.ca.gov).

**California Department of Tax and Fee Administration  
 Equal Employment Opportunity Office – MIC 51  
 PO Box 942879  
 Sacramento, CA 94279-0051**

SIGNATURE

DATE