

LANGUAGE ACCESS COMPLAINT FORM

Please use this form to report any language access complaint you have encountered at the Office of Tax Appeals. Please return this form and any supporting documentation by mail to the Office of Tax Appeals, EEO Office at P.O. BOX 989880, West Sacramento, CA 95798-9880 or send an email with the attached complaint form to Rubena Khan, EEO Officer at Rubena.khan@ota.ca.gov.

Should you have any questions or concerns please contact Rubena Khan, EEO Officer.

1. COMPLAINANT'S CONTACT INFORMATION	
Name:	
Address:	
Phone Number:	
Email:	

2. COMPLAINT DETAILS	
Date of Incident:	
Department/Division:	
Location/Address:	
What language did you need assistance with? (check one that applies)	☐ Chinese ☐ Hindi ☐ Japanese ☐ Russian ☐ Spanish ☐ Tagalog ☐ Urdu ☐ Korean ☐ Vietnamese ☐ Other: _____
Brief Description of Complaint (attach additional pages if needed): 	

3. FORM ASSISTANCE	
Did someone assist you in completing this form?	☐ Yes (input information below) ☐ No (leave blank)
Name:	
Organization:	
Phone Number:	

4. SIGNATURE OF PERSON MAKING THE COMPLAINT	
<i>I certify that this statement of my complaint above and any pages attached is true to the best of my knowledge and belief.</i>	
Signature: _____	Date: _____

DEPARTMENTAL USE ONLY:

Date Received:	
Action Taken:	
Contact Person:	
Phone:	
Email:	