



Services of the San Francisco Public Utilities Commission

THIS FORM IS FOR GUIDANCE PURPOSES ONLY

DEPARTMENT NAME

LANGUAGE ACCESS COMPLAINT FORM

The purpose of this form is to record complaints related to language access services. Please return this form and any related documentation to **DEPARTMENT CONTACT INFORMATION.**

1. CONTACT INFORMATION	
Name:	
Address:	
Phone Number:	
Email:	

2. COMPLAINT DETAILS	
Date of Incident:	
Department/Agency:	
Location or Address:	
Language Access Issues:	(Check all that apply) <input type="checkbox"/> Lack of signs informing the public of translation services <input type="checkbox"/> Lack of forms/materials in multiple languages <input type="checkbox"/> Lack of bilingual personnel <input type="checkbox"/> Other: _____
What language did you need assistance with?	<input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____
Brief Description: Attach additional pages if needed.	

3. FORM ASSISTANCE	
Did someone assist you in completing this form?	<input type="checkbox"/> Yes (input information below) <input type="checkbox"/> No (leave blank)
Name:	
Organization:	
Phone Number:	
Email:	

 DEPARTMENTAL USE ONLY:

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

Each Department must maintain a copy of a filed complaint for at least 5 years. Please return a copy of the filed complaint to the Office of Civic Engagement & Immigrant Affairs, within 30 days from the receipt of the complaint. Email: civic.engagement@sfgov.org, Fax #: 415.554.4849, or mail to: City Hall, Rm. 352, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.