

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, CalPERS 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? Yes No

If "Yes," include his/her first name: _____ His/her last name: _____

Nature of Complaint (please select one):

- Lack of assistance by CalPERS staff in your language
- Interpreter available was not skilled/knowledgeable
- Other:
- Lack of translated materials in your language
- Translations were not accurate

Describe briefly what happened. Please provide specific names and addresses where possible.
Attach additional pages as needed.

How did you and CalPERS attempt to resolve the problem? Please be specific as possible.

I certify that this statement of my complaint above and on any pages attached is true to the best of my knowledge.

Signature: _____ Date (MM/DD/YYYY): _____

You can submit this form and any supporting documentation by:

- Email to EEO@calpers.ca.gov
- Mail to **CalPERS Diversity Outreach Program** - Attention: Equal Employment Opportunity Officer
400 Q Street Room 6680, Sacramento, CA 95811
- Fax to **(916) 795-0669**