

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:

Phone Number:

Other Phone:

Street Address:

City:

State:

Zip:

Is someone else filing this complaint for you? ☐ Yes ☐ No

If "Yes," include their first name:

Last Name:

Nature of Complaint (please select one):

☐ Lack of assistance by CalPERS staff in your language

☐ Lack of translated materials in your language

☐ Interpreter available was not skilled/knowledgeable

☐ Translations were not accurate

☐ Other:

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 EEO Program** - Attention: Equal Employment Opportunity Office
400 Q Street Room 3340, Sacramento, CA 95811
- Fax to **(916) 795-3659**

