

Language Access Complaint Form  
SO-215 (Rev. 1/22)

**GENERAL INSTRUCTIONS:** Please provide the following information in the sections below so your complaint is appropriately addressed. Should you have any questions or need to request assistance in completing this form, please contact the California Department of Food and Agriculture (CDFA) Office of Civil rights (OCR) at (916) 654-1005 or [civil\\_rights@cdfa.ca.gov](mailto:civil_rights@cdfa.ca.gov).

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Telephone No. (Cell): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of person who allegedly received inadequate bilingual services (*if other than complainant*):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Telephone No. (Cell): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Describe the circumstances surrounding the bilingual services received. Please provide as much detail as possible in regard to what happened, when it occurred, and who was involved. If needed, feel free to attach additional sheets of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What CDFA employee(s) were involved?

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Where did the incident take place?

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If not English, what is complainant's primary language?

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Were there witnesses? If yes, please provide their contact information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

How could CDFA improve its bilingual services?

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***Complainant: Please sign and date in the spaces below.***

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Complainant's Signature

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Date

***Attach supporting documents to this complaint form. This form can be saved to your desktop and then attached to an email. You may also submit this complaint form and supporting documentation in person, by mail, or email to:***

**California Department of Food and Agriculture  
Office of Civil Rights  
1220 N Street  
Sacramento, CA 95814**

**EMAIL: [civil\\_rights@cdfa.ca.gov](mailto:civil_rights@cdfa.ca.gov)**

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*For official use only:*

Complaint received by (name):

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Date: \_\_\_\_\_

Action Taken:

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