

Language Access Complaint Form

DS 6022 (Rev. 09/2024)

Use this form to report complaints related to language access with the Department of Developmental Services. Please return this form and any related documentation to the Office of Human Rights and Advocacy Services (OHRAS), 1215 O Street, MS 10-50, Sacramento, CA 95814, or submit via e-mail to ohras@dds.ca.gov.

1. PERSON MAKING COMPLAINT

FIRST NAME:	LAST NAME:	
ADDRESS (Street, Rural Route, or P.O. Box):		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	EMAIL:	
PREFERRED METHOD OF CONTACT:	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email <input type="checkbox"/> Mail

2. COMPLAINT DETAILS *(Please fill out below, attach additional pages if needed.)*

INCIDENT DATE:	LOCATION (FACILITY NAME OR ADDRESS):
LANGUAGE ACCESS ISSUES:	Check all that apply: <input type="checkbox"/> Lack of bilingual personnel or interpreters <input type="checkbox"/> Lack of translated forms or materials <input type="checkbox"/> Lack of signs informing the public of interpretation and translation services <input type="checkbox"/> Other:
WHAT LANGUAGE DID YOU NEED HELP WITH?	<input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other:

PROVIDE A BRIEF DESCRIPTION OF WHAT YOU EXPERIENCED:

3. COMPLAINT FORM ASSISTANCE

Did someone assist you in completing this form? <input type="checkbox"/> Yes <i>(complete information below)</i> <input type="checkbox"/> No <i>(if no, leave blank)</i>	
FIRST NAME:	LAST NAME:
ORGANIZATION OR RELATIONSHIP TO PERSON MAKING COMPLAINT:	
TELEPHONE:	EMAIL:

DEPARTMENTAL USE ONLY

DATE RECEIVED:	CONTACT PERSON:
PHONE:	EMAIL:
ACTION TAKEN:	