

## LANGUAGE ACCESS COMPLAINT FORM

Office of Civil Rights  
DCSS 0761 (06/01/2024)

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### PROCESS FOR FILING LANGUAGE ACCESS COMPLAINTS

**Public Complaint:** Any person who believes that they have not been provided language access services pursuant to Dymally-Alatorre Bilingual Services Act (California Government Code 7290-7299.8) by the California Department of Child Support Services (DCSS) may file a written public complaint with the DCSS, Office of Civil Rights (OCR). A public complaint is not a discrimination complaint.

**Filing:** Use the Language Access Complaint Form attached to this document to file your public complaint with the DCSS, OCR. If you need help filling out the complaint form, a DCSS representative will try to assist using the information you provide.

**When to File:** A public complaint must be filed within a reasonable time after you believe language access services were denied.

**Investigation:** If there is a valid complaint, the DCSS, OCR will investigate the complaint and try to resolve the matter so that language access services are provided.

**Information Needed:** For DCSS to address your complaint, please provide the following information:

1. Your name and contact information;
2. Date of the incident;
3. Name of Program/Unit/Office/Location you contacted or tried to contact and/or
4. Where the incident happened;
5. Name(s) of anyone that was involved (if known);
6. Brief description of the problem.

**Notification:** You will be notified when the DCSS, OCR receives your complaint. You will also be notified when the department responds to your complaint, as well as any recommended resolution to the complaint issue.

**Withdrawal of Complaint:** You may withdraw a complaint at any time by submitting your request in writing to the DCSS, OCR at P.O. Box 419064, MS 600, Rancho Cordova, CA 95741-9064 or by email at [DCSSOCR@dcss.ca.gov](mailto:DCSSOCR@dcss.ca.gov).

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If California Child Support Services (DCSS) has been unable to help you because of a language need or not complying with the Dymally-Alatorre Bilingual Services Act, extra help might be available to better serve you.

If you need this form translated, email the Office of Civil Rights (OCR): [DCSSOCR@dcss.ca.gov](mailto:DCSSOCR@dcss.ca.gov)

**Once completed, this form and any related documentation may be submitted via:**

Email: [DCSSOCR@dcss.ca.gov](mailto:DCSSOCR@dcss.ca.gov)  
Mail: DCSS, Office of Civil Rights  
P.O. Box 419064, MS 600  
Rancho Cordova, CA 95741-9064

We attempt to resolve all concerns in a timely manner.

### SECTION I. YOUR INFORMATION

<b>Name:</b>	FIRST NAME	MIDDLE NAME	LAST NAME
<b>Address:</b>	STREET ADDRESS, CITY, STATE, ZIP CODE		
<b>Phone Number:</b>	AREA CODE + PHONE NUMBER	<b>Email Address:</b>	

### SECTION II. COMPLAINT DETAILS

<b>Date of Incident:</b>	MM/DD/YYYY	<b>Location of Incident:</b>	STREET ADDRESS, CITY, STATE, ZIP CODE
<b>Program, Unit or Office that you contacted:</b>			

PROVIDE THE NAME OF THE PROGRAM, UNIT, OR OFFICE THAT YOU CONTACTED OR ATTEMPTED TO CONTACT

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 or other materials in multiple languages <input type="checkbox"/> Lack of bilingual staff to help the public <input type="checkbox"/> Other: _____
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#### What language did you need help with?

Cantonese  Mandarin  Russian  Spanish  Tagalog  Vietnamese  Other: \_\_\_\_\_

**Provide a brief description** (attach additional pages if needed):

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SECTION III. FORM ASSISTANCE	
Did anyone help you with completing this form?	<b>Yes</b> (input information below) <b>No</b> (STOP - leave the below spaces blank)
<b>Name:</b>	FIRST NAME LAST NAME
<b>Organization:</b>	WHAT IS THE NAME OF THE COMPANY OR ORGANIZATION OF THE PERSON WHO HELPED YOU WITH THIS FORM?
<b>Phone Number:</b>	AREA CODE + PHONE NUMBER (FOR THE PERSON WHO HELPED YOU WITH THIS FORM)
<b>Email:</b>	EMAIL ADDRESS (FOR THE PERSON WHO HELPED YOU WITH THIS FORM)

### DEPARTMENTAL USE ONLY:

<b>Date Received:</b>	
<b>Action Taken:</b>	
<b>Contact Person:</b>	
<b>Phone:</b>	
<b>Email:</b>	

If you feel that this department is unable to assist you, you may call the California Department of Human Resources Language Access Complaint Line at 1-866-889-3278.

Note: Use this form to submit a stop payment request. To submit a form via email, first download the form to your device and then click "Submit" on the completed form.

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- Who may file a written public complaint?** Any person who believes that California Department of Child Support Services (DCSS) has not provided language access services pursuant to Dymally-Alatorre Bilingual Services Act (California Government Code 7290-7299.8).
- What must be filed?** Use the attached Language Access Complaint Form to file your public complaint with the DCSS Office of Civil Rights (OCR).  
If you need help filling out the complaint form, a DCSS Representative will try to assist using the information you provide.
- When must public complaints be filed?** Within a reasonable time after you believe language access services were denied.
- Will there be an investigation?** The DCSS, OCR will investigate valid complaints and try to resolve the issue so that language access services are provided.  
An investigation may result in formal or informal efforts to resolve your complaint.
- What information is needed?** For DCSS to address your complaint, please provide the following information:
- Your name & contact information
  - Date of incident
  - Where the incident happened
  - Name of the Program, Unit, Office, or location you contacted or tried to contact
  - Name(s) of anyone that was involved (if known)
  - Brief description of the problem
- What notifications are provided?** You will be notified when the DCSS, OCR receives your complaint.  
You will also be notified when the department responds to you complaint, as well as any recommended resolution to the complaint issue.

**You may withdraw your complaint any time by writing to:**

**DCSS, Office of Civil Rights  
PO Box 419064, MS 600  
Rancho Cordova, CA 95741-9064  
OR  
[DCSSOCR@dcss.ca.gov](mailto:DCSSOCR@dcss.ca.gov)**