**LANGUAGE ACCESS ASSISTANCE RESOLUTION FORM**

This form may be used by any member of the public to request language access assistance or file a complaint regarding an inability to receive services due to a language barrier from the California State Water Resources Control Board, any Regional Water Quality Control Board and any Office of the Division of Drinking Water. For questions related to language access services or for assistance filing a complaint, please contact the Office of Public Participation at **(916) 341-5265**.

Submit completed form to:

State Water Resources Control Board

Office of Public Participation

1001 I Street, 24th Floor, Sacramento, CA 95814

Fax: (916) 341-5620

Email: Mandy.Roman@waterboards.ca.gov

Please answer all questions. You may use additional sheets, if needed.

**Complainant Information:**

This information is required so that we can contact you to assist with resolving your complaint.

Name:

Primary Language:

Email Address:

Mailing Address:

Telephone Number (daytime):

Alternate Number:

**Nature of the problem:**

[ ]  Not provided interpretation services [ ]  Not provided translated materials

[ ]  Interpreters or translators not competent [ ]  Unable to access services, programs or activities

[ ]  Services not timely [ ]  Lack of signs informing public of language access services

[ ]  Other

**Please describe what happened:**

**Where did this occur?** (Physical address or Website)

**When did this occur?**

**If you spoke to someone to request assistance, what was their name?**

**What is the best time to contact you to discuss your concern?**

**Day:**       **Time:**

The Water Boards is committed to providing services to all members of the public regardless of English proficiency. Your concern is of the highest priority, and we will make every effort to contact you within one week of receiving your complaint. If efforts to reach you by telephone and/or email are unsuccessful, we will send a letter to your home mailing address, as listed above.

You may also contact the Office of Public Participation directly by calling (916) 341-5265

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**SIGNATURE DATE**

**FOR OFFICE USE ONLY** Date/Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how this complaint was resolved:

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

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Date complainant was notified of resolution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of staff who made contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_