

COMPLAINANT SIGNATURE

LANGUAGE & AMERICANS WITH DISABILITIES ACT PUBLIC ACCESS COMPLAINT FORM

Please complete the information below if the Department of Consumer Affairs (DCA) has been unable to provide adequate services or information to you because of your language (Limited-English Proficiency) or disability. The DCA will attempt to resolve the matter within 10 working days. If you have any questions, please contact the DCA Equal Employment Opportunity (EEO) Office at (916) 574-8280. Please send completed complaint forms to the DCA EEO Office, at 1625 North Market Boulevard, Suite N-330, Sacramento, California, 95834.

Market Boulevard, Suite N-330, Sacramento, California, 95834.			
YOUR INFORMATION			
NAME		TELEPHONE NUMBER (INCLUDE AREA CODE)	
ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)			
COMPLAINT DETAILS			
DATE SERVICE SOUGHT NATURE OF SERVICE			PERSON WITH WHOM YOU DEALT
	□EXAMINATION/LICENSING		NAME:
	□PERSONAL CONSUMER M	ATTER	PHONE:
LOCATION-DCA BOARD, BUREAU, DIVISION OR PHONE NUMBER THROUGH WHICH SERVICE WAS SOUGHT			
DESCRIPTION OF SERVICE OR INFORMATION SOUGHT			
NATURE OF COMPLAINT (PLEASE ATTACH ADDITIONAL SHEETS, IF NECESSARY)			
by the Information Practices provide personal information anonymous. In that case, it review the records maintain Practices Act. The DCA will to follow up on your complain other government agencies provide may also be disclosed	s Act. The DCA uses this inform on, such as your name, home nowever, we may not be able to ned by the DCA that contain y I make every effort to protect the int, we may need to share some . This may include sharing ar ed in response to a Public Reconncy as required by state or fed	mation to for address, or contact your person in personal in the information of the infor	information requested on this form as authorized llow up on your complaint. If you do not wish to or home telephone number, you may remain ou or help you resolve your complaint. You may all information, as permitted by the Information information you provide to us. However, in order mation you give us with DCA employees or with information you gave us. The information you gest, as allowed by the Information Practices Act; in response to a court administrative order, a

DATE