



LANGUAGE ACCESS COMPLAINT FORM

Use this form to file a complaint related to language access at the California Horse Racing Board (CHRB). Return the completed form and any related documentation to the CHRB, Fax #: 916-263-0964, or mail to: CHRB Language Access Complaint, 1010 Hurley Way, Suite 300, Sacramento, CA 95825.

1. CONTACT INFORMATION		
Name:		
Address:		
Phone Number:	Home:	Cell:
Email:		

2. COMPLAINT DETAILS	
Date of Incident:	
Location of Incident:	
Problem:	(Check all that apply) <input type="checkbox"/> I was not offered an interpreter <input type="checkbox"/> Interpreter was not skilled or knowledgeable <input type="checkbox"/> Lack of bilingual personnel <input type="checkbox"/> Other: _____
What language did you need assistance with?	<input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
Brief Description: Attach additional pages if needed.	

3. FORM ASSISTANCE	
Did someone assist you in completing this form?	<input type="checkbox"/> Yes (input information below) <input type="checkbox"/> No (leave blank)
Name:	
Organization:	
Phone Number:	
Email:	

I certify that the statement/information provided is true to the best of my knowledge and belief.	
Signature: _____	Date: _____
<i>(Person making the complaint)</i>	

 DEPARTMENTAL USE ONLY:

Date Received:	
Action Taken:	
Contact Person:	
Phone:	
Email:	