



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

CCHCS – Equal Employment Opportunity Services Section

Attn: Equal Employment Opportunity Coordinator
P.O Box 588500, Bldg. D, Suite 101
Elk Grove, CA 95758

Language Access Complaint Form

Please complete and submit this form to file a Language Access Complaint, via the mailing address listed above or email address listed below on this form.

Contact Information	
Name	
Address	
Phone Number	
Email	

Complaint Details	
Date of Incident	
Institution or Program	
Location or Address	
What language do you need assistance with?	
Brief description of the complaint	

I certify that this statement of my listed complaint and any pages attached is true to the best of my knowledge and belief.

Complainant Signature

Date Signed

If you have any questions or concerns about completing and filing the language access complaint form, please contact the EEO Coordinator at the listed email address below.
CCHCS_EEO@cdcr.ca.gov