



**EQUAL
ACCESS**

ORDINANCE

COMPLAINT FORM

Use this complaint form ONLY to report a lack of bilingual personnel or of forms not translated.

For Complainant Use Only

Name of Complainant: _____

Complainant daytime telephone number: () _____

Name of City Department/Agency complained of: _____

Address of the Department/Agency complained of: _____

Date when Problem took place: _____

Nature of the Problem: ___ lack of non-English translated forms ___ lack of bilingual personnel
 ___ other (be specific) _____

Please describe the nature of the problem with the Department/Agency named above:

(Please attach a separate sheet of paper if you need more space)

Name of the individual and/or organization that assisted the affected person to fill out this form (if it applies):

Contact Person/Position: _____

Daytime phone number: () _____

For Department Use Only

Date of receipt of the Complaint: _____

