

CSSD LANGUAGE ACCESS COMPLAINT FORM INFORMATION

Public Complaint: Any person who believes that they have not been provided language access services pursuant to Dymally-Alatorre Bilingual Services Act (California Government Code 7290-7299.8) by the Child Support Services Department (CSSD) may file a written public complaint. A public complaint is not a discrimination complaint.

Filing: Use the Language Access Complaint Form to file your public complaint with CSSD.

When to File: A public complaint must be filed within a reasonable time after you believe language access services were denied.

Investigation: If you provide contact information on the Form, you will receive a notification that your complaint was received **within 10 business days**. You will be notified of the recommended resolution to the complaint issue no later than **90 business days** from the date your complaint was received.

How to Fill Out This Form

1. **Check the issue:** Is your complaint about language access services, such as assistance with interpreting and/or translating services?
2. **Complete the Form:** Fill in all details so we can understand the issue.
3. **Send us the Form:** Select the best option for you:

- **Online:** Submit the Form here: [Language Access Complaint Form](#)
- **Email:** Send it to LanguageAccess@cssd.lacounty.gov
- **Phone:** (866) 901-3212
- **Mail:** 5500 S. Eastern Ave. Commerce, CA 90040

If you have questions or need help, contact us at LanguageAccess@cssd.lacounty.gov or (866) 901-3212.

LANGUAGE ACCESS COMPLAINT FORM

Is your complaint about not getting help in a language other than English, like needing an interpreter or a translation?

Yes **No**

If you selected “No,” this is not a language access complaint. Please contact (866) 901-3212 for all other concerns. If you select “Yes,” continue to the next section.

INFORMATION NEEDED: For CSSD to address your complaint, please provide the following information:

SECTION 1: YOUR INFORMATION				
Name:	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	
Address:	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Phone Number:	<i>Area Code + Phone Number</i>		Email Address:	
How do you want us to contact you? <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail				
What language do you prefer for reading and writing ?				
What language do you prefer for speaking or signing ?				

SECTION 2: COMPLAINT DETAILS		
Date of Incident:	<i>MM/DD/YYYY</i>	
Location of Incident:	<input type="checkbox"/> In person (at a County office)	<i>Address, City, State, Zip Code</i>
	<input type="checkbox"/> Over the phone	<i>Time of Call and Phone Number:</i>
	<input type="checkbox"/> Other	<i>Please list Other Location (ex: website address, email, social media site):</i>
What language did you need help with:		

Language Access Issues? (Check all that apply)

- Lack of signs informing the public of translation services.
 - Lack of forms or other materials in required Priority Language(s).
 - Lack of bilingual staff or translation service(s).
 - Other (please describe):
-

Tell us more about your complaint. (500 character limit)

Did anyone help you with completing this form? Yes No

If yes, please provide their information:

Name: _____

Organization/Department: _____

Phone Number: _____

Email Address: _____

ANONYMOUS COMPLAINTS

You may submit this Form without providing your name or information. However, if you choose to remain anonymous, we will not be able to contact you for more details or update you on the outcome.

Please note: Complaints may be made public under California Law.