

**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	e N-330, Sacramento, Califor	rnia, 9583	34.	
	YOUR INFOR	RMATION		
NAME		TELEPHONE NUMBER (INCLUDE AREA CODE)		
ADDRESS (STREET ADDRESS	S, CITY, STATE AND ZIP CODE)			
	COMPLAINT	DETAILS		
DATE SERVICE SOUGHT			PERSON WITH WHOM YOU DEALT	
5/112 021(VIO2 0000111	□EXAMINATION/LICENSING		NAME:	
	□PERSONAL CONSUMER MA	TTER	PHONE:	
LOCATION DOA DOADD	DUDEAU DIVIDION OD DUONE I	MUMBER		
LOCATION-DCA BOARD, I	BUREAU, DIVISION OR PHONE I	NUMBER	THROUGH WHICH SERVICE WAS SOUGHT	
DESCRIPTION OF SERVICE	E OR INFORMATION SOUGHT			
NATURE OF COMPLAINT (PLEASE ATTACH ADDITIONAL SHEETS, IF NECESSARY)				
by the Information Practices provide personal information anonymous. In that case, I review the records maintain Practices Act. The DCA will to follow up on your compla other government agencies provide may also be disclosed	s Act. The DCA uses this information, such as your name, home and however, we may not be able to coned by the DCA that contain you I make every effort to protect the pint, we may need to share some of this may include sharing any ed in response to a Public Recordency as required by state or feder	ation to foll address, of contact your personal in of the informal personal as Act reques	Information requested on this form as authorized low up on your complaint. If you do not wish to or home telephone number, you may remain u 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 est, as allowed by the Information Practices Act; in response to a court administrative order, a	

DATE