

LANGUAGE ACCESS COMPLAINT FORM

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GET IN TOUCH

510 S. Vermont Avenue
Los Angeles, CA 90020
opportunity.lacounty.gov
deo@opportunity.lacounty.gov
844-777-2059

America's Job Centers:

(888) 226-6300

Office of Small Business:

(844) 432-4900

Thank you for helping us improve our Language Access services! We are committed to ensuring everyone can use our services in different languages. Your feedback helps us serve you better. Please use this form to tell us about your concern(s) and how we can improve.

Why Use This Form?

Please complete and submit this Form if we did not provide you the language help you needed, such as assistance with interpreting and/or translating services.

What Happens Next?

1. Once we receive your Form, our department will review and respond to your complaint.
2. Follow-up: If you do not get an acknowledgement from us, within 10 business days, please contact us at deo@opportunity.lacounty.gov.
3. Our Department will let you know how we addressed your complaint as soon as possible, but no later than **90 business days** from the date we receive your complaint.

How to Fill Out This Form

1. Check the issue: Is your complaint about language help, such as assistance with interpreting and/or translating services?
2. Complete the Form: Fill in all the details so we understand.
3. Send us the form: Select the best option for you:
 - a. Email: jdegonia@opportunity.lacounty.gov
 - b. Mail: Print and send to:

Department of Economic Opportunity
c/o DEO Language Access
510 S. Vermont Avenue
Los Angeles, CA 90020

If you have questions or need help, contact us via email at jdegonia@opportunity.lacounty.gov.



ONLY USE THIS FORM FOR LANGUAGE ACCESS COMPLAINTS

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

Yes

No

If you selected “No,” this is not a language access complaint. Please contact us at (844) 777-2059 or deo@opportunity.lacounty.gov for other concerns. If you select “Yes,” continue to the next section.

CONTACT INFORMATION

Today’s Date:

First Name:

Last Name:

E-mail Address:

Phone Number:

Street Address:

City:

Zip Code:

How do you want us to contact you?

E-mail

Phone

Mail

What language do you prefer for **reading** and **writing**?

What language do you prefer for **speaking** or **signing**?

ABOUT YOUR COMPLAINT

What language did you need help with?

Where did the issue happen?

In person (at a County office)

Street Address:

City:

Zip Code:

Over the phone

Date of call:

Time of call:

Online

Website or social media account:

What went wrong? (Check all that apply)

- I didn't know I could ask for an interpreter or translation help.
 - Information about County programs or services was not available in my language.
 - The written translation was hard to understand.
 - No County staff spoke my language to help me.
 - The interpreter did not translate correctly.
 - Other (please describe):
-

Tell us more about your complaint.

How do you want your language access complaint resolved?

Did Someone Help You Fill Out This Form?

If yes, please provide their details.

Name:

Organization/Department:

Phone Number:

E-mail Address:

ANONYMOUS COMPLAINTS

You may submit this Form without providing your name. 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.