

## LANGUAGE ACCESS COMPLAINT FORM (ENGLISH)

### Non-Compliance with the Dymally-Alatorre Bilingual Services Act

This form may be translated into another language upon request.  
Please contact the Human Resources Office at:

**California Housing Finance Agency**  
Human Resources Office  
P.O. Box 4034, MS 1410  
Sacramento, CA 95812

If you feel we have been unable to serve you because of language or other communication barriers, the California Housing Finance Agency (CalHFA) may be able to provide additional assistance in serving your requested needs. Please provide the following information and we will attempt to resolve your concern(s) in a timely manner.

<b>1. CONTACT INFORMATION</b>	
Name: _____	
Address: _____	
Day Phone: _____	Email: _____
<b>2. COMPLAINT DETAILS</b>	
Date of incident: _____	Location of Services (address if known): _____
Method of contact: <input type="checkbox"/> In-Person <input type="checkbox"/> Telephone <input type="checkbox"/> Other _____	
Name of contacted Program/Section/Unit: _____	
Name of individual(s) who assisted you: _____	
What language did you need assistance with? _____	
Language access or communication barrier issue(s): (Check all that apply)	
<input type="checkbox"/> Lack of bilingual personnel <input type="checkbox"/> Lack of interpreter services <input type="checkbox"/> Lack of translated forms/materials	
<input type="checkbox"/> Other : _____	

Please describe your complaint and any other information that may be helpful in resolving your complaint (attach additional pages if needed); Be specific – who, what, when, where, and how.

**Note:** If you wish to remain anonymous, we may not be able to address your specific issue.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this completed form to the address listed on the top of this form. We will make efforts to contact you within ten (10) business days of receiving this form.**

## Privacy Notice As Required by Civil Code § 1798.17

### Language Access Complaint Form (English)

**Collection and Use of Personal Information:** The Human Resources Office of CalHFA collects the information requested on the “Language Access Complaint Form (English),” as authorized pursuant to the Dymally-Alatorre Bilingual Services Act, Government Code section 7290 et seq. (the Act) and the [Information Practices Act of 1977](#) (California Civil Code sections 1798-1798.78). CalHFA uses this information to further the intent of the Act to provide for effective communication between the state government and the people of this state who are precluded from utilizing public services because of language barriers, as set forth in Government Code section 7291, and also to promote compliance with other provisions of the Act under Government Code sections 7292(a) and 7299.4, subsections (a) and (d). Personal information collected by state agencies is subject to the protections found in the Information Practices Act, Civil Code section 1798 et seq., and state policy.

**Providing Personal Information:** Completing this form, by providing your personal information and a description of the services you sought and the language barrier that impeded your receipt of those services, is voluntary. However, if you do not give identification and contact information, and/or you do not provide information about the services that you sought and how your receipt of those services was impeded by a language barrier, then CalHFA may not be able to resolve your particular language barrier concerns and provide the requested services. When completing this form, you should not provide personal information that is not requested.

**Access to Your Information:** If you request to do so, you are permitted to inspect all the personal information in any records about you maintained by CalHFA, as provided under the Information Practices Act and other applicable laws. See below for contact information.

**Possible Disclosure of Personal Information:** In order to provide effective communication between units of CalHFA and members of the public who are impeded from using CalHFA’s public services because of a language barrier, the Human Resources Office may need to share the personal information you give with other divisions/sections/units within CalHFA.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information:** For questions about this notice or how to access your personal information maintained in records about you, you may contact the Human Resources Office, P.O. Box 4034, MS 1410, Sacramento, CA 95812. Please refer to the [CalHFA Information Practices Act Policy](#) and the [CalHFA Privacy and Information Safeguarding Policy](#) for more information. You may access these policies on our website, or call (916) 326-8496 to have a free copy sent to you.

### **Language Access/Communication Barrier Resolution Process**

The California Department of Housing and Finance Agency (CalHFA) maintains a Bilingual Services Program, as required by Dymally-Alatorre Bilingual Services Act (Government Code Section 7298 et seq.), to promote effective communications with all of its customers, particularly customers who speak English as a second language, or who may have other communication impairments.

It is CalHFA's policy to fully comply with the requirements of the Americans with Disabilities Act, the Rehabilitation Act of 1973, the California Fair Employment and Housing Act, and other state and federal laws relating to the rights of persons with disabilities.

If you feel we have been unable to serve you because of language or other communication differences, CalHFA may be able to help. Please complete the Language Access Complaint Form or take the following steps to help us resolve your language or communication assistance needs so that you can receive the services you seek.

1. Call us at the following number to leave a message at any time:

**Human Resources Office: 916-326-8018**  
**California Relay Service for the Deaf or Hearing impaired**  
**From TDD phones: 800-735-2929**  
**From voice phones: 800-735-2922**

2. Be prepared to provide the following information for yourself or the person you are representing who sought services as a CalHFA customer:
- a. Customer's name, address, and phone number (or a phone number where messages can be left);
  - b. Date the customer tried to receive services;
  - c. Location where the customer tried to receive services; and
  - d. Brief description of the services sought by the customer.
3. CalHFA will follow up to acknowledge your complaint.
4. CalHFA will attempt to resolve your concern within five (5) business days.