



**COVERED  
CALIFORNIA**

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BILINGUAL SERVICES COMPLAINT FORM**

The Dymally-Alatorre Bilingual Services Act (Act) became law in 1973 to ensure that individuals whose primary language is not English are not precluded from utilizing public information and services because of language barriers. This form is provided for people who wish to file a complaint about bilingual services received at Covered California.

**GENERAL INSTRUCTIONS:** Please provide the following information in the sections below so that your complaint may be appropriately addressed. Should you have any questions or need to request assistance in completing this form, please contact the Covered California Equal Employment Opportunity Office at (916) 228-8268.

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Telephone No. (Cell): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of person who allegedly received inadequate bilingual services (*if other than complainant*):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Telephone No. (Cell): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Describe the circumstances surrounding the bilingual services received. Be specific about what happened, when it occurred, who was involved, etc. (*Attach additional sheets of paper as needed.*)

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What Covered California employee(s) does the complainant allege were involved?

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Where did the incident take place?

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If not English, what is complainant's primary language?

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Were there witnesses? If yes, please provide their contact information below:

Name:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

Name:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

How could Covered California improve its bilingual services?

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***Complainant: Please sign and date in the spaces below.***

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

***Attach supporting documents to this complaint form. This form can be saved to your desktop and then attached to an email. You may also submit this complaint form and supporting documentation in person, by mail, or facsimile transmission (fax) to:***

**Covered California  
ATTN: EEO OFFICER  
1601 Exposition Blvd.  
Sacramento, CA 95815**

**FAX: (916) 228-8909**

**EMAIL: [EEO@covered.ca.gov](mailto:EEO@covered.ca.gov)**

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*For official use only:*

Complaint received by (name):

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

Action Taken:

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