

LANGUAGE ACCESS COMPLAINT FORM

Thank you for supporting the improvement of Language Access services! The Treasurer and Tax Collector (TTC) is committed to ensuring access to services in everyone's preferred language. Please complete this form to share your experience and let us know how we can improve.

Why Use This Form?

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

What Happens Next?

1. Once the Form is received, TTC staff will review and respond to your complaint.
2. **Follow-up:** If you do not get a response within **10 business days**, contact us at: LanguageAccess@ttc.lacounty.gov or (888) 807-2111.
3. **Resolution:** TTC will let you know how your complaint will be addressed as soon as possible, but no later than **90 business days** from the date TTC received your complaint.

How to Fill Out This Form

1. Is your complaint about language access, such as assistance with interpreting and/or translating services?
2. Fill in all details on the form so TTC can understand the problem.
3. Send TTC the Form using one of these options

- **Online:** Submit the Form here: <https://ttc.lacounty.gov/language-translation/>
- **Phone:** Call (888) 807-2111
- **Mail:** Print and send it to:
Kenneth Hahn Hall of Administration
225 North Hill Street, Room 109
Los Angeles, CA 90012

If you have questions or need help, contact us at: LanguageAccess@ttc.lacounty.gov or (888) 807-2111.

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 receiving a bad translation?

☐ **Yes**

☐ **No**

If you selected “No,” this is not a language access complaint. Please contact TTC at (888) 807-2111 for other concerns. If you select “Yes,” continue to the next section.

CONTACT INFORMATION

Today’s Date:

First Name:

Last Name:

Email Address:

Phone Number:

Street Address:

City:

Zip Code:

How do you want us to contact you?

☐ **Email**

☐ **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 help with translation.
 - ☐ Information about County programs or services was not available in my language.
 - ☐ The written translation was hard to understand.
 - ☐ County staff could not help me in my language.
 - ☐ The interpreter did not translate correctly.
 - ☐ Other (please describe):
-

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

How do you want your language access complaint resolved? *(500 character limit)*

Did Someone Help You Fill Out This Form?

If yes, please provide their details.

Name:

Organization/Department:

Phone Number:

Email 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.