

Your feedback helps us provide better Language Access services. Please use this form to tell us about your experience.

Why Use This Form?

Please complete and submit this form if LA County Planning did not provide you the **language assistance** you needed, such as assistance with interpreting and/or translating services, or if there was an issue with the language assistance you were provided.

What Happens Next?

1. Once we receive your complaint, we will review and respond to your complaint in within the timeframes noted below. **If you choose to remain anonymous, no response will be provided.**
2. **Follow-up:** If you do not receive a response within **10 business days**, contact us at LanguageAccess@planning.lacounty.gov or (213) 974-4442.
3. **Resolution:** We will let you know how we addressed your complaint as soon as possible, but no later than **45 business days** from the date we receive your complaint.

How to Fill Out This Form?

1. **Verify the issue:** Is your complaint about language assistance, such as an issue with interpreting and/or translating services?
2. **Complete the form:** Provide as much detail as possible so that we can understand the problem.
3. **Submit the form:** You can submit the form using the following methods –
 - **Online:** Submit the form here (<https://bit.ly/LAComplaint>)
 - **Email:** Send the form to LanguageAccess@planning.lacounty.gov
 - **Phone:** Give us a call at (213) 974-4442 to submit your complaint
 - **Mail:** Print and send the form to:

LA County Planning
Attn: Language Access
320 W Temple Street, 13th Floor
Los Angeles, CA 90012

If you have questions or need assistance, contact us at LanguageAccess@planning.lacounty.gov or (213) 974-4442.

Please note: Complaint forms may be made public under California Law.

CONTACT INFORMATION (OPTIONAL)

Date: _____

First Name: _____

Last Name: _____

Street Address:

City: _____

Zip Code: _____

Email Address:

Phone Number: _____

How would you like to us to contact you?

☐ Email☐ Phone☐ MailWhat language do you prefer for **reading** and **writing**?
_____What language do you prefer for **speaking** and **signing**?
_____**Did someone help you fill out this form?** *If yes, please provide their details.*

First Name: _____

Last Name: _____

Organization/Department:
_____Email Address:

Phone Number: _____

ABOUT YOUR COMPLAINT:

What language did you need help with? _____

When did the issue happen (Date/Time)? _____

Where did the issue happen?

☐ **In Person**

Address (Street, City, Zip Code):

☐ **Over the phone**

☐ **Online**

Website or social media account:

☐ **Other** (please describe):

What went wrong? (Check all that apply)

- ☐ I didn't know I could ask for an interpreter or translation assistance.
- ☐ Information about LA County Planning programs or services was not available in my preferred language.
- ☐ The written translation was incorrect or hard to understand.
- ☐ The interpreter did not translate correctly.
- ☐ Other (please describe below)

Tell us more about your complaint and how you would like it resolved.
