

# LANGUAGE ACCESS COMPLAINT FORM

Thank you for helping us improve our Language Access services! The County of Los Angeles Department of Medical Examiner wants to make sure everyone can use our services in different languages. Your feedback helps us serve you better. Please use this form to tell us about your experience and how we can improve.

## Why Use This Form?

Please complete and submit this Form if our department 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 a response within **10 business days**, contact us at [info@me.lacounty.gov](mailto:info@me.lacounty.gov).
3. **Resolution:** 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 details so we can understand the problem.
3. **Email us the Form:**
  - **Email:** Send it to [info@me.lacounty.gov](mailto:info@me.lacounty.gov)

If you have questions or need help, contact us at [info@me.lacounty.gov](mailto:info@me.lacounty.gov) or 323-343-0512.

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## 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 our **department at 323-343-0512 or info@me.lacounty.gov** for other concerns. If you select “Yes,” continue to the next section.

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## 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**?

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## 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:

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

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

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**Did Someone Help You Fill Out This Form?**

If yes, please provide their details.

Name:

Organization/Department:

Phone Number:

Email Address:

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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.