EXECUTIVE ORDER 13166, "Improving Access to Services for Persons with Limited English Proficiency", was issued on August 11, 2000. This Order stipulates that people who are Limited English Proficient (LEP) should have meaningful access to federally-conducted and federally-funded programs and activities. This form is provided for people who wish to file a complaint about bilingual services received at the City of Santa Ana.

Please provide the following information, in order that your complaint may be appropriately addressed. Assistance is available upon request.

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.)

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
CITY OF SANTA ANA BILINGUAL SERVICES: COMPLAINT FORM

What City of Santa Ana employee(s) does the complainant allege were involved?
_____________________________________________________________________________________

Where did the incident take place? _________________________________________________

If not English, what is complainant’s primary language? ______________________________

Were there witnesses? If yes, please provide their contact information below:
Name: _____________________________________________________________________________
Address: __________________________________________________________________________
City: ___________________________________ State: ___________ Zip Code: ________________
Telephone Numbers: (Home) ________________________ (Business): _____________________
Name: _____________________________________________________________________________
Address: __________________________________________________________________________
City: ___________________________________ State: ___________ Zip Code: ________________
Telephone Numbers: (Home) ________________________ (Business): _____________________

How could the City improve its bilingual services? ____________________________________
_____________________________________________________________________________________

Complainant: please sign in the space below

______________________________________________________________      ___________________
Complainant’s Signature        Date

Attach supporting documents to this complaint form. Submit this form and supporting
documentation to: Omar Castro, Human Resources Department, M-24, City of Santa
Ana, P.O. Box 1988, Santa Ana, CA 92702-1988.

Omar Castro is available Monday through Thursday and every other Friday, from 8:00
a.m. to 5:00 p.m. at (714) 647-6748, or you can email him at: OCastro@santa-ana.org

For official use only:

Complaint received by (name): ________________________________

Date: ________________________________

Action Taken: ________________________________