



Interpreter or Translation Complaint Form

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|--------------------|-------|-------------------|
| Complainant's Name | | Daytime Telephone |
| Address | | |
| City | State | Zip Code |

Please supply the information requested below.

1. The date of the incident that prompted your complaint _____
2. Provide a detailed description of the actions or circumstances that prompted your complaint. Include the Franchise Tax Board business area and names of any staff members involved in your complaint.
3. List any steps taken to resolve this issue. If you spoke to one of our staff members to resolve this issue before you filed a complaint, provide their name and title, if available.
4. Describe the resolution you are seeking from us.

Submit completed form to:
EQUAL EMPLOYMENT OPPORTUNITY OFFICE MS A163
FRANCHISE TAX BOARD
PO BOX 550
SACRAMENTO CA 95812-0550

Upon receipt, we will process your complaint and a representative will contact you.