



**STATE OF CALIFORNIA – GOVERNOR GAVIN NEWSOM
LABOR AND WORKFORCE DEVELOPMENT AGENCY
CALIFORNIA UNEMPLOYMENT INSURANCE APPEALS BOARD**

**California Unemployment Insurance Appeals Board (C.U.I.A.B)
Language/Communication Assistance Resolution Process**

If you feel your needs have not been met because of language (limited-English proficiency) or other communication differences, C.U.I.A.B. will provide additional language or communication assistance to help you obtain the information or services you have requested.

Please take the following steps if you need assistance.

Call our Southern California Language Services Liaison, Anissa Bell at 714-562-5595 or our Northern California Language Services Liaison, Mirella Gomez at 916-263-8760. They will make every effort to assist you.

Or, you may submit your concerns in writing and mail them to the Southern California language liaison at:

California Unemployment Insurance Appeals Board
Attn: Anissa Bell
6 Centerpointe Drive, 4th Floor
La Palma, CA 90623

Or the Northern California language liaison at:

California Unemployment Insurance Appeals Board
Attn: Mirella Gomez
2400 Venture Oaks Way, Suite 400
Sacramento, CA 95833

Please provide the following information:

1. Your name, case number, address, and telephone number (or message number).
2. Date service was sought and location of service.
3. Description of the service sought by you.

CUIAB will attempt to resolve your concern within five (5) business days upon receipt.



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**Southern California Language Liaison, Anissa Bell
6 Centerpointe Drive, 4th Floor
La Palma, CA 90623**

**Email: Anissa.Bell@cuiab.ca.gov
Phone: 714-562-5595 Fax: 714-562-5599**

**Northern California Language Liaison, Mirella Gomez
2400 Venture Oaks Way, Suite 400
Sacramento, CA 95833**

**Email: Mirella.Gomez@cuiab.ca.gov
Phone: 916-263-8760**

**California Unemployment Insurance Appeals Board (C.U.I.A.B.)
Language Access Complaint Form**

If you feel your needs have not been met because of language (limited-English proficiency) or other communication differences, C.U.I.A.B. will provide additional language or communication assistance to help you obtain the information or services you have requested.

Please print and sign the form with blue or black ink and mail, fax, or email to the appropriate liaison written above.

Person making the complaint:

Case Number (if available):

First name:

Last name:

Street address:

City, Town or Village:

State:

Zip code:

Preferred language:

E-mail address (if available):

Cellular phone:

Other phone:

Is someone else helping you file this complaint? Yes No If 'Yes', include their:

First name:

Last name:

What was the problem? Check all the boxes that apply and explain below.

- I was not offered an interpreter
- I asked for an interpreter and was denied
- The interpreter or translator's skills were not good (List their name below, if known)
- The interpreter made rude or inappropriate comments
- The services took too long (Explain below)
- I was not given forms or notices in a language I can understand
(List documents needed):
- I was unable to use services, programs, or activities (Explain below)
- Other - Explain:

When did problem happen? Date(MM/DD/YYYY): _____ Time: AM PM

Where did problem happen?

Describe what happened. Please be specific. Use additional pages as needed. Print your name on each sheet. List language, services and documents needed. Include names, addresses and phone numbers of people involved, if known.

Did you complain to anyone from the Department/Agency? Who and what was the response? Please be specific.

I certify that this statement is true to the best of my knowledge and belief.

Signature: _____ **Date:** _____
(Person making the complaint)

Do not write in this box. For office use only.

Date: _____ Reviewer: _____
Resolution: