

# **Comments, Suggestions, and/or Complaints**

| 1. Contact Information  |                         |                |
|---|-------------------------|----------------|
| Name  |                         |                |
| Address   |                         |                |
| Phone Number  |                         |                |
| Alternate Number  |                         |                |
| Email Address   |                         |                |
| Preferred Language  |                         |                |
|   |                         |                |
| 2. Incident Information   |                         |                |
| Date of Incident  |                         |                |
| Location/Address  |                         |                |
|   |                         |                |
| 3. Service Area (check all the  | at apply)               |                |
| ☐ Unemployment Insurance  | ☐ Tax-Related Services  | □ Other        |
| ☐ Disability Insurance  | ☐ Paid Family Leave     | ☐ Fraud        |
| ☐ Workforce Services  | ☐ CalJOBS <sup>SM</sup> | ☐ Legal Office |
|   |                         | · · · ·        |
| 4. Language Access Issue (check all that apply) ☐ Yes ☐ No  |                         |                |
| ☐ Lack of bilingual personnel   |                         |                |
| ☐ Lack of forms/materials in multiple languages   |                         |                |
| ☐ Lack of signs informing the public of translation services  |                         |                |
| □ Other   |                         |                |
|   |                         |                |
| 5. Please enter your comment, complaint, or suggestion in the space provided below. If additional space is needed, you may use the back of this form or attach an additional sheet. |                         |                |
|   |                         |                |
| 6. Would you like a respon  | se?                     | Yes □ No       |

To report fraud, visit <u>Ask EDD</u> (askedd.edd.ca.gov) and select the Report Fraud category. You can also call the EDD Fraud Hotline at 1-800-229-6297 or fax 1-866-340-5484. Send any fraudulent documents or mail to the address on page 2.

# Mail the completed form to the appropriate address below.

### **CalJOBS**

PO Box 826880, MIC 50 Sacramento, CA 94280-0001

# **Disability Insurance or Paid Family Leave**

Employment Development Department PO Box 826880 – DICO, MIC 29 Sacramento, CA 94280-0001

#### Fraud

Employment Development Department PO Box 826880, MIC 43 Sacramento, CA 94280-0225

# **Language Access Complaints**

Equal Employment Opportunity Office PO Box 826880, MIC 49 Sacramento, CA 94280-0001

### **Legal Office**

Employment Development Department Legal Office 800 Capitol Mall, MIC 53 Sacramento, CA 95814

### Tax Assistance: Employers-General Correspondence

Employment Development Department Tax Support Division, MIC 93 PO Box 826880 Sacramento, CA. 94280-0001

### **Unemployment Insurance**

Employment Development Department PO Box 826880 – UISD, MIC 40 Sacramento, CA 94280-0001

### **Workforce Services Branch**

Employment Development Department PO Box 826880, MIC 69 Sacramento, CA 94280-0001