

# Comments, Suggestions, and/or Complaints

1. Contact Informat	ion				
Name					
Address					
Phone Number					
Alternate Number					
Email Address					
Preferred Language					
Did Someone Assis	st You in	Completing This Form?	□ Yes	□ No	
Name					
Phone Number					
2. Incident Informat	tion				
Date of Incident					
Location/Address					
2 Comica Area					
3. Service Area					
☐ Unemployment Insurance		☐ Tax-Related Services		ot reach an EDD sentative	
☐ Disability Insurance		☐ Paid Family Leave	☐ Othe	☐ Other	
☐ Workforce Services		☐ CalJobs <sup>SM</sup>			
4. Language Acces	s Issue (d	heck all that apply)	□ Yes	□ No	
☐ Lack of bilingual pe	'	112/			
☐ Lack of forms/mate		Itiple languages			
		Iblic of translation services			
☐ Other	3 - 1 -				
		nt, complaint, or suggestion led, you may use the back			
6. Would you like a					

#### Mail the completed form to the appropriate address below.

### **Unemployment Insurance**

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

## **Disability Insurance or Paid Family Leave**

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

## Tax Assistance: Employers – General Correspondence

Employment Development Department Taxpayer Assistance Center PO Box 826880 Sacramento, CA 94280-0001

#### **Workforce Services Branch**

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

## **General Questions or Comments**

Employment Development Department PO Box 826880, MIC 83 Sacramento, CA 94280-0001

#### **Language Access Complaints**

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