



**Language Access Complaint**

Your First Name:		Your Last Name:	
Home Phone:		Other Phone:	
Street Address:			City, Town, Or Village
State:	Zip Code:	Email Address:	
If someone else filing this complaint for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include his/her name.			
First Name _____			
Last Name _____			
What language did you need assistance with?	<input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____		
Name of Program/Unit/Section Contacted:			
Phone Number Contacted:		Name of Individual(s) You Spoke With:	
Location of Service (address if known):		Date Service Sought:	
Nature of the Problem: <input type="checkbox"/> Was not provided interpretation services <input type="checkbox"/> Was not provided translated vital document(s) <input type="checkbox"/> Interpreters or translators were not competent <input type="checkbox"/> Was unable to access services, programs or activities <input type="checkbox"/> Services were not timely <input type="checkbox"/> Other: _____			
<b>Describe briefly what happened. Please provide specific names and addresses where possible.</b> (Attach additional pages if needed.)			

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Department Use Only:**

Date Received:	
Action Taken:	
Contact Person:	
Phone:	
Email:	