

At the New York State Department of Labor, vital documents are provided in Chinese, Haitian Creole, Bengali, Korean, Russian, and Spanish. Materials in other languages may also be available. Language interpretation services are provided in more than 200 languages.

WHAT SHOULD I EXPECT IF I VISIT THE **DEPARTMENT OF LABOR?**

Every New York State Department of Labor office that is open to the public must provide interpretation services at no cost to you. This includes all New York State Career Centers.

A poster called the Language Identification Tool should be displayed at your local office. The poster says "Point to your language. An interpreter will be called. The interpreter is provided at no cost to you" in more than 30 languages. If you do not see a Language Identification Tool poster in your local office, please ask about it.

CONTACT THE DIVISION OF IMMIGRANT **POLICIES AND AFFAIRS**

Do you want to tell us about how one of our staff helped you? Email us at DIPA@labor.ny.gov or call the Division of Immigrant Policies and Affairs at 877-466-9757.

WHO IS MONITORING SERVICES?

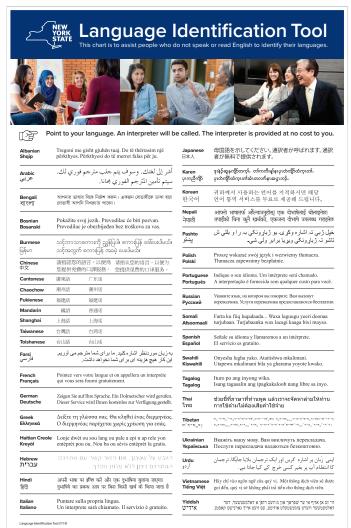
Each agency has a Language Access Coordinator to monitor the agency's Language Access services to the public. The Department of Labor's Language Access Coordinator's contact information is:

Language Access Coordinator: Eric Denk

Office phone: 607-778-2836 Mobile phone: 607-205-5491 Email: Eric.Denk@labor.ny.gov

Fax: 212-775-3389

Mailing address: 171 Front Street, Binghamton NY 13905



Division of Immigrant Policies and Affairs 75 Varick Street, 7th Floor New York, NY 10013 (877) 466-9757 | fax: (212) 775-3389

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E-mail: dipa@labor.ny.gov www.labor.ny.gov/immigrants/language-access.shtm

Access to Services in Your Language: Complaint Form

New York State's policy is to take reasonable steps to overcome language barriers to public services and programs. To do this, our goal is to: 1) Talk to you in your language and 2) Provide vital forms and documents in the six, most frequently used languages, in addition to English. Your comments on this form will help us towards that goal.

All information is confidential.

Please print and sign the form with black ink. Then send it by mail, fax, or email written above.

	Claimant ID # (if available):
First name:	Last name:
Street address:	
City, Town or Village:	State: Zip code:
Preferred language:	E-mail address (if available):
Home phone:	Other phone:
	plaint? Yes No If 'Yes', include their:
	Last name:
What was the problem? Check all the boxes	
The interpreter(s) made rude or ina The services took too long (Explain I was not given forms or notices in a I was unable to use services, progra Other (Explain below)	kills were not good (List their names, if known) uppropriate comments ubelow) a language I can understand (List documents needed below)
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• • • • • • • • • • • • • • • • • • •	Use additional pages as needed. Print your name on each sheet. List
	ude names, addresses and phone numbers of people involved, if known. tment/Agency? Who and what was the response? Please be specific.
Did you complain to anyone from the Depart	
Did you complain to anyone from the Depart	tment/Agency? Who and what was the response? Please be specific. ent is true to the best of my knowledge and belief. Date (MM/DD/YYYY):
Did you complain to anyone from the Depart I certify that this stateme Signature:	tment/Agency? Who and what was the response? Please be specific. ent is true to the best of my knowledge and belief. Date (MM/DD/YYYY):
Did you complain to anyone from the Depart I certify that this stateme Signature: (Person making the co	ent is true to the best of my knowledge and belief. Date (MM/DD/YYYY):