



Language Access Complaint Form

New York State's language access policy requires certain public-facing agencies to offer interpretation services in any language and to translate important documents into at least the top ten most common non-English languages in the state. If you have had trouble with our agency's language access services, you may complete and submit this complaint form using the contact information provided above. All personal information in your complaint will be kept confidential.

1. Complainant: First name: Last name: Zip code:
I prefer not to provide my name. Preferred language(s):
Phone number: E-mail address:
Is someone else helping you file this complaint? No Yes
First name: Last name:
E-mail address and/or phone number:

2. What language(s) did you need services in?

3. 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's skills were not good
The interpreter made rude or inappropriate comments
I waited for too long for an interpreter
I was not given forms or notices in a language I can understand
Other (explain)

4. When did this incident happen? If it happened more than once, indicate the date of the most recent incident.
Date (MM/DD/YYYY): Time: AM PM
Where did this incident happen? Over the phone In-person Provide address:

5. Describe what happened. Be specific and provide as much detail as possible. If it happened more than once, include each date/time and describe each incident. List any services and documents you were trying to access. Include names, addresses, and phone numbers of people involved, if known. Use additional pages as needed and write your name on each sheet.

6. Did you complain to anyone from the Department/Agency? If yes, include who you spoke with and what their response was. Please be specific.

Print Name: Date (MM/DD/YYYY):
(Person making the complaint)

Do not write in this box. For office use only.
Date: Reviewer:
Resolution: