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NEW YORK STATE OF OFFICE OF General Services
Office of Language Access

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 twelve 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. Please note, if you do not provide any contact information, we will not be able to inform you of the steps we are taking to respond to your complaint. Preferred language(s):				
Phone number: E-mail address:				
Is someone else helping you file this complaint? No Yes If 'Yes,' include their contact information: First name: Last name: E-mail address and/or phone number:				
	What language(s) did you need service			
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 (include their names in section 5 below, if known) 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 (list documents needed in section 5 below) 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:				
Where did this incident happen? ☐ Over the phone ☐ In-person Provide address:				
5.	Describe what happened. Be specific an date/time and describe each incident. List ar and phone numbers of people involved, if kn	ny services and documents you were trying	to access. Include names, addresses,	
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.				
Pri	Print Name: Date (MM/DD/YYYY):			
		king the complaint)		
Do not write in this box. For office use only.				
Date: Reviewer: Resolution:				