



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. Preferred language(s):
Phone number: E-mail address:
Is someone else helping you file this complaint?
2. What language(s) did you need services in?
3. What was the problem? Check all the boxes that apply and explain below.
4. When did this incident happen? Date Time AM PM
Where did this incident happen?
5. Describe what happened. Be specific and provide as much detail as possible.
6. Did you complain to anyone from the Department/Agency?
Print Name: Date (MM/DD/YYYY):
Do not write in this box. For office use only.
Date: Reviewer:
Resolution: