



LANGUAGE ACCESS COMPLAINT FORM

CONTACT INFORMATION

Name: Phone Number: Address: Email:

COMPLAINT DETAILS

Date of Incident: Division/Branch:

Location or Address:

Language Access Issues: (Check all that apply) Lack of signs... Lack of forms... Lack of bilingual personnel... Other:

What language did you need assistance with? Cantonese Mandarin Russian Spanish Tagalog Vietnamese Other:

Brief Description:

FORM ASSISTANCE

Did someone assist you in completing this form? Yes (input information below) No (leave blank)

Name:

Organization:

Phone Number: Email:



## Language Access Complaint Process

