



New York State Division of Homeland Security & Emergency Services
Public Information Office
1220 Washington Avenue Bldg 7a
Albany, NY 12226
FAX: (518)457-4923
E-mail: DHSESPIO@dhses.ny.gov

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 top 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.

Person making the complaint:		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: _____	
Is someone else helping you file this complaint? Yes No If 'Yes', include their:			
First name: _____		Last name: _____	
What was the problem? Check all the boxes that apply and explain below.			
<input type="checkbox"/> I was not offered an interpreter			
<input type="checkbox"/> I asked for an interpreter and was denied			
<input type="checkbox"/> The interpreter(s) or translator(s) skills were not good (List their names, if known)			
<input type="checkbox"/> The interpreter(s) made rude or inappropriate comments			
<input type="checkbox"/> The services took too long (Explain below)			
<input type="checkbox"/> I was not given forms or notices in a language I can understand (List documents needed below)			
<input type="checkbox"/> I was unable to use services, programs or activities (Explain below)			
<input type="checkbox"/> Other (Explain below)			
When did problem happen? Date (MM/DD/YYYY): _____ Time: _____ AM PM			
Where did problem happen? _____			
Describe what happened. Please be specific. Use additional pages as needed. Print your name on each sheet. List language, services and documents needed. Include names, addresses and phone numbers of people involved, if known.			
Did you complain to anyone from the Department/Agency? Who and what was the response? Please be specific.			
I certify that this statement is true to the best of my knowledge and belief.			
Signature: _____		Date (MM/DD/YYYY): _____	
(Person making the complaint)			

Do not write in this box. For office use only

Date: _____ Reviewer: _____

Resolution:

Insp 1 English (10/12)