

LETTERHEAD

## Appendix A Language Access Complaint Form

Steuben County'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 mail completed form to above address.

**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.

I was not offered an interpreter

I asked for an interpreter and was denied

The interpreter(s) or translator(s) skills were not good (List their names, if known)

I was not provided the appropriate forms or notices.

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.  
8List 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** \_\_\_\_\_ **Unit #** \_\_\_\_\_

(Print Name)

Resolution

Form # 9