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.

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: ___________________________ Unit #: __________

(Print Name)

Resolution

Form # 9