

*New York State Office of Mental Health
Office of Diversity & Inclusion
44 Holland Avenue 2nd Floor
Albany, NY 12229
OfficeDiversityInclusion@OMH.NY.Gov*

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 ten 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. *Please note, if you do not provide any contact information, we will not be able to inform you of the steps we are taking to respond to your complaint.* Preferred language(s): _____

Phone number: _____ E-mail address: _____

Is someone else helping you file this complaint? No Yes If 'Yes,' include their contact information:

First name: _____ Last name: _____

E-mail address and/or phone number: _____

2. What language(s) did you need services in?

3. 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 skills were not good (include their names in section 5 below, if known)

The interpreter made rude or inappropriate comments

I waited for too long for an interpreter

I was not given forms or notices in a language I can understand (list documents needed in section 5 below)

Other (explain) _____

4. When did this incident happen? If it happened more than once, indicate the date of the most recent incident.

Date (MM/DD/YYYY): _____ Time: _____ AM PM

Where did this incident happen? Over the phone In-person Provide address: _____

5. Describe what happened. Be specific and provide as much detail as possible. If it happened more than once, include each date/time and describe each incident. List any services and documents you were trying to access. Include names, addresses, and phone numbers of people involved, if known. Use additional pages as needed and write your name on each sheet.

6. Did you complain to anyone from the Department/Agency? If yes, include who you spoke with and what their response was. Please be specific.

Print Name: _____ **Date** (MM/DD/YYYY): _____

(Person making the complaint)

Do not write in this box. For office use only.

Date: _____ Reviewer: _____

Resolution: _____