



1301 North MacArthur Boulevard
Springfield, Illinois 62702-2317

Department of Military Affairs
LANGUAGE ACCESS COMPLAINT FORM

NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

BEST TIME AND METHOD OF CONTACT: _____

INFORMATION OF THE COMPLAINT (where the incident(s) occurred; identify as best you can the State of Illinois employee(s) and/or other person(s) involved in the incident(s); approximate time(s) and date(s) when the incident(s) occurred):

DESCRIPTION (Please describe in your own words what happened. Explain why you believe discrimination occurred. Be sure to include such information as: who was involved and what they did and/or said, including any offensive or derogatory language used; how you, or another, were treated differently from others; how you tried and were not able to access State information, Interpreter services, the Language Line telephone interpreter services, etc.; any other information you think is important. Please attach any written or other material you have pertaining to your complaint.):

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WITNESSES (include name, address, phone #, and email if possible):

BASIS OF COMPLAINT: Which of the following types of Language Access were you denied?

- In person Interpreter
- Telephone interpreter
- Website translation
- Forms
- Local Office did not offer assistance
- Sign Language and Deaf/Hard of Hearing assistance
- No signage informing you of your rights to Language Services

LANGUAGE ACCESS:

1. What is your primary language? (What do you use at home?) _____
2. Do you read and write in your primary language? Yes__ No __
3. Do you fluently speak, write, or read other languages? Yes__ No __
4. What other languages? _____
5. Did you have help completing this form? Yes__ No __

If so, please list the name, phone #, and email information for the person(s) who assisted you:

Complainant Signature

Date

Name of DMA Employee Receiving Complaint

Date