

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 to the person shown above.

Person Making Complaint – enter name below:	Claimant ID # (if available)
First:	Last:
Street Address:	City, State, Zip:
Preferred Language:	Email address:
Home phone:	Other phone:
Is someone helping you file this complaint?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please include their first and last name:	

What was the problem? Check all that apply.

- ☐ 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)
- ☐ The interpreter(s) made rude or inappropriate comments.
- ☐ The services took too long. (Explain below)
- ☐ I was not given forms or notices in a language I can understand. (List documents needed below)
- ☐ I was unable to use services, programs or activities. (Explain below)
- ☐ Other (Explain below)

When did this problem occur: Date (MM/DD/YYYY): _____ Time: _____ ☐ AM ☐ PM

Where did this problem occur? _____

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 at NYSIF? Who and what was the response? Please be specific.

I certify this statement is true to the best of my knowledge and belief.

Signature of person making complaint

Date (MM/DD/YYYY)