

New York State Department of Corrections and Community Supervision –
Division of Education
State Campus, Bldg. #2, 1220 Washington Avenue
Albany, New York 12226-2050
Phone: 518-402-1339: 518-402-6240

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, benefits, and programs. To do this, our goal is to: 1) Communicate with 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 e-mail via the DOCCS website (www.doccs.ny.gov).

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.	
<input type="checkbox"/> I was not offered an interpreter.	
<input type="checkbox"/> I asked for an interpreter and was denied.	
<input type="checkbox"/> The interpreter(s) or translator(s) skills were not good. (List their names, if known.)	
<input type="checkbox"/> The interpreter(s) made rude or inappropriate comments.	
<input type="checkbox"/> I was harassed and/or discriminated against because of my national origin.	
<input type="checkbox"/> The services took too long. (Explain below.)	
<input type="checkbox"/> I was not given forms or notices in a language I can understand. (List documents needed below.)	
<input type="checkbox"/> I was unable to use the DOCCS services, benefits, or programs. (Explain below.)	
<input type="checkbox"/> Other (Explain below.)	
When did the problem happen? Date (MM/DD/YYYY): _____ Time: _____ AM PM	
Where did the 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: _____
Resolution: _____	