YOUR FIRST NAME	YOUR LAST NAME
HOME PHONE ( ) -	OTHER PHONE ( ) -

STREET ADDRESS	CITY, TOWN, OR VILLAGE

STATE	ZIP CODE	E-MAIL ADDRESS (if available)
NY		

Is someone else filing this complaint for you? ☐ Yes ☐ No

If Yes, include his/her name.

FIRST NAME_____

LAST NAME

Nature of the problem:

☐ Was not provided interpretation services

☐ Interpreters or translators were not competent

☐ Services were not timely

☐ Was not provided translated vital document(s)

☐ Was unable to access services, programs or activities

Other:

Describe briefly what happened. Please provide specific names and addresses where possible. (Attach additional pages as needed)

How did you and the agency attempt to resolve the problem? Please be as specific as possible.

I certify that this statement of my complaint above and on any pages attached is true to the best of my knowledge and belief.

SIGNATURE

DATE (MM/DD/YYYY)

Clear Form

Print Form