New York State Department of Corrections and Community Supervision
Cultural & Language Access Services
State Campus, Bldg. #4, 1220 Washington Avenue
Albany, New York 12226
Phone: 518-402-1339 | Fax: 518-402-6350
Email: LanguageAccessComplaint@doccs.ny.gov

Language Support Complaint Form

The New York State Language Access Policy requires that all public agencies provide translation services, and in New York State, the most commonly used language is English. In addition, the policy requires that more than 12 languages be translated into important documents. If you experienced a problem related to the use of language services, you can fill out the complaint form and submit it. All personal information will be kept confidential.

1. Language Support Contact: Name: ________________________ Address: ____________________________ Phone: ____________________ Email: ____________________________

☐ I do not wish to provide my name and ☐ Yes "No" form when contacting the agency for language support.

2. When did you experience the problem?

3. What was the problem? Check all that apply:

☐ Translator services were not provided.
☐ Translator services were provided but their proficiency was unsatisfactory.
☐ Translator services were provided too late or otherwise inadequate.
☐ I did not receive service in a language I understood or was required (please provide the necessary documents in the section 5).

4. When did the problem occur? Two or more times?

5. What happened? Please provide a detailed description of what happened. If applicable, please include the date and time of each event.

6. Did you report the problem to the agency? If yes, please provide the name and contact information of the person you spoke to.

Date:_______ Reviewer:__________________________
Resolution:_________________________________________