

**City of Austin  
Office of Civil Rights**

505 Barton Springs Road, Suite 515, Austin, TX 78704  
Mailing Address: P.O. Box 1088, Austin, TX 78767



## Language Access Complaint Form

The City of Austin's language access policy requires certain public-facing agencies to offer interpretation services in any language and to translate important documents into at least the top twelve most common non-English languages in the city. If you have had trouble with our departments'/agencies' language access services, please complete this form.

**All personal information in your complaint will be kept confidential.**

**1. Complainant:** First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Zip code: \_\_\_\_\_

Preferred language(s): \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Is someone else helping you file this complaint?**  No  Yes If 'Yes,' include their contact information:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

E-mail address and/or phone number: \_\_\_\_\_

**2. What language(s) did you need services in?**

**3. What was the problem?** Check all the boxes that apply and explain below.

- I was not offered an interpreter
- I asked for an interpreter and was denied
- The interpreter's skills were not good (include their names in section 5 below, if known)
- The interpreter made rude or inappropriate comments
- I waited for too long for an interpreter
- I was not given forms or notices in a language I can understand (list documents needed in section 5 below)
- Other

**4. When did this incident happen?** If it happened more than once, indicate the date of the most recent incident.

Date (YYYY-MM-DD): \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

**Where did this incident happen?**  Over the phone  In-person Provide address: \_\_\_\_\_

**5. Describe what happened.** Be specific and provide as much detail as possible. If it happened more than once, include each date/time and describe each incident. List any services and documents you were trying to access. Include names, addresses, and phone numbers of people involved, if known. Use additional pages as needed and write your name on each sheet.

**6. Did you complain to anyone from the Department/Agency? If yes, include who you spoke with and what their response was.** Please be specific.

**Print Name:** \_\_\_\_\_ **Date** (MM/DD/YYYY): \_\_\_\_\_

(Person making the complaint)

**Do not write in this box. For office use only.**

Date: \_\_\_\_\_

Resolution: \_\_\_\_\_