

 State Police	<h2>Access to Services in Your Language - Complaint Form</h2>	<p>New York State Police Professional Standards Bureau 1220 Washington Ave, Bldg. 22 Albany, NY 12226 Fax: (518) 485-1493 Email: iaffairs@troopers.ny.gov</p>
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Instructions:

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 toward that goal. **All information is confidential.**

- Complete and sign the form. If you are handwriting the form, please print, complete, and sign with black ink.
- Mail, fax, or email the completed form as indicated above.

Person Making the Complaint

Name (Last, First, MI)		Preferred Language	
Street Address		City	State Zip
Cell Phone #	Other Phone #	Email Address	

Nature of Complaint

Is someone helping you file this complaint? Yes No If yes, state his/her name (Last, First, MI):

What was the problem? (Check all the boxes that apply and/or explain below.)

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 name(s), 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.)

Date of Problem	Time of Problem AM PM	Where did problem occur?
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Describe what happened. (Please be specific. Use additional pages as needed. Print your name on each sheet. Include names, addresses, and phone numbers of people involved, if known. List language, services, and documents that were originally needed but subsequently, not obtained.)

Did you complain to anyone within the New York State Police? State his/her name and the response. (Please be specific.)

Certification

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

Signature of Person Making the Complaint	Date (mm/dd/yyyy)
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Police**

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Professional Standards Bureau
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Albany, NY 12226
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Do NOT write in this box. For office use only.

Resolution:

Reviewer Name (Last, First, MI)

Date (mm/dd/yyyy)

Signature