

## Language Access Grievance Form

Police Accountability Board language access policy requires interpretation services in any language and to translate important documents into at least the top twelve most common non-English languages in the state. If you have had trouble with our agency's language access services, you may complete and submit this grievance form using the contact information provided above.

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

<b>1. First name:</b> _____ <b>Last name:</b> _____ <b>Zip code:</b> _____ <input type="checkbox"/> I prefer not to provide my name. <i>Please note, if you do not provide any contact information, we will not be able to inform you of the steps we are taking to respond to your complaint.</i> Preferred language(s): _____ Phone number: _____ E-mail address: _____ <b>Is someone else helping you file this grievance?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If 'Yes,' include their contact information: First name: _____ Last name: _____ E-mail address and/or phone number: _____
<b>2. What language(s) did you need services in?</b>
<b>3. What was the problem?</b> 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 skills were not good (include their names in section 5 below, if known) <input type="checkbox"/> The interpreter made rude or inappropriate comments <input type="checkbox"/> I waited for too long for an interpreter <input type="checkbox"/> I was not given forms or notices in a language I can understand (list documents needed in section 5 below) <input type="checkbox"/> Other (explain) _____
<b>4. When did this incident happen?</b> If it happened more than once, indicate the date of the most recent incident. Date (MM/DD/YYYY): _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Where did this incident happen?</b> <input type="checkbox"/> Over the phone <input type="checkbox"/> In-person Provide address: _____
<b>5. Describe what happened.</b> 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.
<b>6. Did you complain to anyone from the PAB staff? If yes, include who you spoke with and what their response was.</b> Please be specific.
<b>Print Name:</b> _____ <b>Date</b> (MM/DD/YYYY): _____ (Person making the grievance)