



LANGUAGE ACCESS PUBLIC COMPLAINT FORM

COMPLETING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A LANGUAGE ACCESS COMPLAINT.

441 4th Street, NW
Suite 570 North
Washington, DC 20001
Telephone: 202-727-4559
Fax: 202-727-9589

*Required Fields

1. COMPLAINANT INFORMATION

*Today's Date:	*Name:
*Address:	*City/State/Zip:
*Primary Phone Number:	*Sex:
Email address:	
*What language do you prefer to communicate in?	
*Contact person if you can not be reached:	
Email address:	*Primary Phone Number:
Do you require a reasonable accommodation? If yes, please explain:	
Do you require language interpretation? If so, what language?	

2. RESPONDENT INFORMATION

*Name of the D.C. government agency complained of:	
*Location of agency:	*Phone:
*If complaint is against an organization funded by D.C. government, please list the name and contact information for the organization here:	

3. COMPLAINT

*Date of incident:
*Nature of complaint: <input type="checkbox"/> Lack of assistance by agency staff in your language <input type="checkbox"/> Lack of translated materials

Other (please describe):

*Did you alert agency staff of your language preference? Yes No

If yes, how?

*Please describe in detail the nature of the problem with the agency/department/organization named above:

(Please use additional paper if you need more space)

Please provide the name of the individual and/or organization that assisted you in completing this form (if applicable):

Contact Person/Position: _____

Daytime Phone Number: _____

SUBMITTING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A CHARGE. The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

*Complainant's Signature

*Date