

COMPLAINT OF DISCRIMINATION, LANGUAGE ACCESS

Any person who believes they have been denied meaningful access or that the City of Atlanta has not complied with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000(d) and Executive Order 13166 regulations may file a complaint with the Language Access Coordinator of the Mayor's Office of Immigrant Affairs.

Complete and return to:

Mayor's Office of Immigrant Affairs

Suite 2400

55 Trinity Ave SE, Atlanta GA 303016

Email: ispeakATL@atlantaga.gov

1. COMPLAINANT'S CONTACT INFORMATION

Name: _____

Address: _____

Phone Number: _____

Email: _____

Preferred Language: _____ Preferred method of communication: _____

2. COMPLAINT DETAILS

Date of Incident: _____ Time of Incident: _____ AM PM

Department /Agency who discriminated: _____

Title: _____

Location /Address: _____

Issues with:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Lack of signs informing the public of interpretation and translation |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Lack of forms/materials/notices in a language I can understand |
| <input type="checkbox"/> Korean | <input type="checkbox"/> The interpreter made rude or inappropriate comments |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Lack of bilingual personnel so delay in services |
| <input type="checkbox"/> French | <input type="checkbox"/> I was not offered an interpreter |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> I asked for an interpreter and was denied |
| <input type="checkbox"/> _____(other) | <input type="checkbox"/> The interpreter's skills were not good |
| | <input type="checkbox"/> I was unable to use the services, programs or activities |
| | <input type="checkbox"/> Other (explain below) |

Brief Description of Complaint (attach additional pages if needed): _____

Describe what resolution you are seeking _____

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

Signature: _____ Date: _____

3. FORM ASSISTANCE

Did someone assist you in completing this form? Yes (input information below) No (leave blank)

Name: _____

Email and Phone Number: _____

INTERNAL USE ONLY	
Date Received:	Action Taken:
Contact Person:	
Phone:	Email: