

Know Your Rights Language Services at the NYSDOL

At the New York State Department of Labor, **vital documents** are provided in Chinese, Haitian Creole, Italian, Korean, Russian, and Spanish. Materials in other languages may also be available. **Language interpretation services** are provided in more than 200 languages.

What should I expect if I visit the Department of Labor?

Every New York State Department of Labor office that is open to the public must provide interpretation services at no cost to you. This includes all New York State Career Centers.

A poster called the **Language Identification Tool** should be displayed at your local office. The poster says “Point to your language. An interpreter will be called. The interpreter is provided at no cost to you” in more than thirty languages.

If you do not see a Language Identification Tool poster in your local office, please ask about it.

Did you have a good language services experience at the Department of Labor?

Do you want to tell us about how one of our staff helped you? Email us at DIPA@labor.ny.gov or call the Division of Immigrant Policies and Affairs at (877) 466-9757.

Who is monitoring services?

Each agency has a Language Access Coordinator to monitor the agency’s Language Access services to the public. The Department of Labor’s Language Access Coordinator’s contact information is:

Language Access Coordinator: Eric Denk
Office phone: (607) 778-2836
Mobile phone: (607) 205-5491
Email: Eric.Denk@labor.ny.gov
Fax: (212) 775-3389

Mailing address:
 171 Front Street
 Binghamton NY 13905

Alternate Contact: Division of Immigrant Policies and Affairs
Toll free: (877) 466-9757
Email: DIPA@labor.ny.gov





Access to Services in Your Language: Complaint Form

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 six, most frequently used languages, in addition to English.

Your comments on this form will help us towards that goal. **All information is confidential.**

Please print, and sign the form with black ink. Then send it by mail, fax, or email written above.

Person making the complaint:	Claimant identification number, if available: _____
First name: _____	Last name: _____
Street address: _____	
City, Town or Village: _____	State: _____ Zip code: _____
Preferred language: _____	Email address, if available: _____
Home phone: _____	Other phone: _____

Is someone else helping you file this complaint? Yes No If 'Yes,' include their:
 First name: _____ Last name: _____

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) or translator(s) skills were not good (List their names, 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)

When did problem happen? Date (MM/DD/YYYY): _____ Time: _____ AM PM

Where did problem happen? _____

Describe what happened. Please be specific. Use additional pages as needed. Print your name on each sheet. List language, services and documents needed. Include names, addresses and phone numbers of people involved, if known.

Did you complain to anyone from the Department/Agency? Who and what was the response? Please be specific.

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

Signature: _____ **Date** (MM/DD/YYYY): _____
 (Person making the complaint)

Do not write in this box. For office use only

Date: _____ Reviewer: _____
 Resolution: _____