At the New York State Department of Labor, vital documents are provided in Chinese, Haitian Creole, Bengali, 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 30 languages. If you do not see a Language Identification Tool poster in your local office, please ask about it.

CONTACT THE DIVISION OF IMMIGRANT POLICIES AND AFFAIRS

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
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 ID # (if available):** |  
| First name:________________________ | Last name:________________________ |
| **Street address:** |  
| **City, Town or Village:** | State:____ Zip code:________ |
| **Preferred language:** | **E-mail 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: ______________________