

# Governor's Office for New Americans

## Language Access Feedback & Complaint Form

This form is intended to provide feedback or file a complaint regarding language access services when interacting with the Governor's Office for New Americans of the State of Nevada. Examples include:

- Not being offered an interpreter when requested.
- Receiving incorrect or poor-quality interpretation.
- Not being provided with translated documents is essential to your case.
- Experiencing long wait times for language services.

**Protection Against Retaliation:** Submitting this complaint will not affect your eligibility for benefits or services. The department is prohibited from retaliating against you for filing a complaint or providing feedback about language access issues.

**Please note:** This form is intended solely for complaints and feedback regarding language access services within the Governor's Office for New Americans. If your complaint does not pertain to language access issues as described above, we cannot guarantee a response. Please refer to the appropriate department or contact our general support team for other concerns.

### 1. Contact Information

- a) First Name:
- b) Last Name:
- c) Zip Code:
- d) Preferred Language(s):
- e) Phone Number:
- f) E-mail Address:

#### Assistance in Completing this Form

- a) Is someone helping you complete this form? ☐ No ☐ Yes
- b) If 'Yes,' provide their details:
  - First Name
  - Last Name
  - E-mail Address and/or Phone Number

### 2. Language Services Needed

- a) What language(s) did you need assistance in?



### 3. Nature of the Issue

Check all that apply:

#### *Interpretation Services*

- ☐ I was not informed that interpretation services were available, so I struggled to communicate my needs.
- ☐ I requested an interpreter, but one was not provided, making it difficult for me to access services.
- ☐ The interpreter provided was not fluent in my language or made errors that affected my ability to understand important information.
- ☐ The interpreter was unprofessional, used inappropriate language, or made comments that made me uncomfortable.
- ☐ I had to wait an excessive amount of time for an interpreter, which delayed or prevented me from receiving the services I needed.
- ☐ I was told to bring my own interpreter or rely on a friend/family member instead of being provided with a professional interpreter.
- ☐ The department staff did not know how to request an interpreter, gave incorrect information about language services, or refused to request one.

#### *Translation of Content*

- ☐ The translated materials I received were inaccurate, incomplete, or difficult to understand.
- ☐ I was not provided with translated forms, notices, or important documents in my language, making it hard for me to complete my claim or understand my rights.
- ☐ The website or online resources were not available in my language, preventing me from accessing my claim or getting the information I needed.

#### *Other*

- ☐ The bilingual staff I interacted with did not speak my language fluently, and I was not offered additional assistance.
- ☐ The automated phone system was not available in my language, making it difficult to navigate services or ask questions.
- ☐ Other issues related to language access (please explain).

Please further describe the issue:



#### 4. Description of the Incident

Please describe what happened in detail.

- Be as specific as possible. If this occurred more than once, list each date/time.
- Mention the service or documents you were trying to access.
- Provide names, addresses, or phone numbers of any staff involved, if known.

#### 5. Incident Details

- a) Date of Incident:
- b) Estimated Time: ☐ AM ☐ PM
- c) Where did this happen?
- ☐ Over the phone
- ☐ In-person (*Provide office address if applicable*)

#### 6. Have You Already Reported This Incident?

- a) Did you speak with anyone from the department about this incident?
- ☐ No ☐ Yes
- b) If 'Yes,' provide details: Who did you speak with? What was their response?

#### 7. Acknowledgment & Submission

By submitting this form, I confirm that the information provided is accurate to the best of my knowledge.

☐ I acknowledge that the details provided in this complaint/feedback form are truthful and based on my experience.

Date: