



LANGUAGE ACCESSIBILITY SERVICES COMPLAINT FORM

This form is to complain about not being able to access services from the Council on Domestic Violence & Sexual Assault (CDVSA) because of difficulties communicating due to the need for an interpreter or materials translated into other languages. This form may be translated into another language by request.

1. YOUR CONTACT INFORMATION

FIRST NAME:	LAST NAME:	
ADDRESS:		
CITY:	STATE:	ZIP:
HOME/CELL NUMBER:	EMAIL:	

2. INTERPRETATION/TRANSLATION DETAILS

Date of Incident: _____

Did you know you have the right to free interpretive/translation services before this incident? Yes No

Incident: In person Letter Email Over the phone

In what language did you need assistance? _____

Language Access Issue(s):

- Lack of bilingual personnel
- Lack of interpretive/translation services
- Delay in receiving interpretive/translation services
- Quality of interpretive/translation services
- Lack of forms/materials in non-English languages
- Lack of signs informing the public of interpretive/translation services
- Other: _____

Brief Description of Incident (Attach additional pages if needed):

3. Submit Form

Return this form by e-mail or mail to:

L. Diane Casto, MPA
 Executive Director
 Council on Domestic Violence & Sexual Assault
 (907) 465-4356 main
 (907) 465-3627 fax
diane.casto@alaska.gov
<https://dps.alaska.gov/CDVSA/Home>

Mailing Address:

State of Alaska Department of Public Safety
 Council on Domestic Violence & Sexual Assault
 PO Box 111200
 Juneau, AK 99811-1200

Please keep a copy for your records. Call (907) 465-4356 if you have questions or concerns.