

# LIMITED ENGLISH PROFICIENCY COMPLAINT

## COMPLAINANT'S INFORMATION

CASE NO. \_\_\_\_\_ PREFERRED LANGUAGE \_\_\_\_\_  
 NAME (*Last, First, M.I.*) \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
 HOME ADDRESS (*No., Street*) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 ADDRESS OF OFFICE WHERE OCCURRED (*No., Street*) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DATE OF OCCURRENCE \_\_\_\_\_

## STATEMENT OF PROBLEM

Provide a specific, complete statement below. Complaint can not be amended. Attach all documentation that you want to have reviewed and that supports your position. If necessary, continue on a separate sheet of paper and attach it to this form.

## RESOLUTION

What do you suggest be done to correct the problem?

SIGNATURE OF PERSON FILING COMPLAINT \_\_\_\_\_

## FOR AGENCY USE ONLY

### ACTION TAKEN BY DES LOCAL OFFICE – LEVEL I

Description of action(s) taken, be specific:

Complaint is resolved – Within time frame:	Yes	No	DATE OF VERBAL CONTACT	DATE OF WRITTEN CONTACT
Complaint is not resolved, move to Level II			_____	_____
Informed of their right to file a Federal complaint				

PROGRAM MANAGER/SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### ACTION TAKEN BY DES DIVISION – LEVEL II

Description of action(s) taken, be specific:

Complaint is resolved – Within time frame:	Yes	No	DATE OF VERBAL CONTACT	DATE OF WRITTEN CONTACT
Complaint is not resolved, move to Level III			_____	_____

ASSISTANT DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Instructions for Non-Resolution – Level III

1. Manager will forward complaint to OEO, Mail Drop 1323 or [OfficeofEqualOpportunity@azdes.gov](mailto:OfficeofEqualOpportunity@azdes.gov)
2. OEO will issue a decision within five (5) working days.
3. OEO will notify the Division’s Assistant Director and Program Manager of the decision.
4. The Program Manager will notify the client in writing of the decision within five (5) working days.

#### FINAL RESOLUTION - Office of Equal Opportunity (OEO) – Level III

Was this resolved in all set time lines?    Yes    No                      If No, explain below.  
 Was the complainant satisfied with the resolution?    Yes    No                      If No, explain below.  
 The complainant was informed that they may file a Federal complaint:    Yes    No    If No, explain below.

Complaint is resolved

DATE OF VERBAL CONTACT

DATE OF WRITTEN CONTACT

\_\_\_\_\_

\_\_\_\_\_

OEO REPRESENTATIVE’S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Note: The client has the right to raise the complaint to the appropriate federal agency at any point in the process.**

**Routing:** One copy to the Division LEP Representative; one copy to the client’s file.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.