

Language Access Initial Written Complaint Questionnaire (English)

Date/Update: March 3, 2025



Purpose:

According to the Language Access Act of 2004 (“LAA”), it is unlawful for DC government agencies, departments, programs, or their funded entities¹ to prevent constituents with limited or no English proficiency from accessing services because of a language barrier. If you or someone you know is denied language access services, contact the DC Office of Human Rights to file a complaint. Please file this initial written complaint questionnaire by submitting it online, emailing this form to ohr.intake@dc.gov, or submitting this form by mail or in-person to 441 4th Street NW, Suite 570N, Washington DC, 20001. The Language Access Initial Written Complaint Questionnaire form is available on OHR’s website in Amharic, Chinese, French, Korean, Spanish, and Vietnamese.

Instructions

When an initial written complaint questionnaire is filed, the Language Access Program Director will attempt to ensure that the complainant receives the language assistance they are seeking before launching a full investigation. The submission of a complete initial written complaint questionnaire preserves all rights for statute of limitations purposes. If you believe you have experienced a possible violation of the LAA, please complete the following form in its entirety to the best of your ability. This form is subject to review by the Language Access Director to determine the jurisdictional requirements have been met and acceptance by OHR. Fields marked with an asterisk (*) to the left are required fields and must be completed.

Section 1: Jurisdiction (*Please Check All That Apply)

- Alleged violation occurred in the District of Columbia.
- Alleged violation occurred within one year of the filing of the intake questionnaire.
- Alleged violation is being filed against a D.C. government agency, department, program, or its funded entity.

Please Continue on Page 2

¹ A funded entity is an entity, such as a public-facing grantee or contractor, that a covered government agency, department, or program has either directly or indirectly contracted with or granted funds to in order to conduct programs, services, or activities

Section 2: Complainant Information

*Preferred Name

What Are Your Pronouns? he/him she/her they/them Other:

*Address

*Primary Telephone Number

Country of Origin

How do you prefer we contact you?

Email Phone Mail

Email Address

Do you need a reasonable accommodation?

Yes If yes, please explain

No

*What language do you prefer to communicate in? Please check boxes for

English Amharic Chinese French Korean Spanish Vietnamese

Other:

*Do you require a language interpreter?

Yes If yes, which language

No

Alternative contact person if you cannot be reached:

Alternative contact person email address

Alternative contact person phone number

Section 3: Attorney or Counsel Information (Optional)

Counsel Name

Counsel Address

Counsel Telephone Number

Counsel Email Address

Please Continue on Page 4

Section 4: Respondent Information

*Name of D.C. government agency/department/program/funded entity

*Address of D.C. government agency/department/program/funded entity:

Name of the person from the D.C. government agency/department/program/funded entity who assisted you

Phone Number of D.C. government agency/department/program/funded entity

Email Address of person from the D.C. government agency/department/program/funded entity who assisted you

Section 5: Complaint

*Date of Incident

*Nature of Complaint

Lack of oral interpretation services Lack of translation of written materials

Other

*Have you informed the staff of the D.C. government agency, department, program, or funded entity of your language preference to communicate?

Yes If Yes, please explain

No

*Did you ask the D.C. government agency, department, program, or funded entity that you contacted to provide you with translated documents?

Yes

No

If yes, what documents did you request?

*Were these documents available in your language?

Yes

No

*Have you tried to resolve this issue with the D.C. government agency, department, program, or funded entity?

Yes

No

If yes, please answer the following questions:

Date on which you tried to resolve the issue with the D.C. government agency or funded entity

Name of the person you spoke with at the D.C. government agency or funded entity

The D.C. government agency or funded entity response

*Please provide a detailed statement of the incident that led to filing a language access complaint. If this information is not included, your complaint may be dismissed.

A large, empty light blue rectangular area intended for providing a detailed statement of the incident. This area is currently blank, suggesting that the user has not yet provided the required information.

Please indicate the name of the person and/or organization that helped you complete this form (if applicable)

Primary telephone number of the person that helped you complete this form

Email address of the person that helped you complete this form

*Complainant Signature

*Complainant Date of Signature