



Civil Rights, Inclusion & Opportunity
Language Access Program

LANGUAGE ACCESS SERVICES IN THE CITY OF DETROIT

The City of Detroit's Language Access Program provides Limited English Proficiency (LEP) individuals with meaningful access to City services in accordance with federal, state, and municipal law. The program is administered by the Department of Civil Rights, Inclusion & Opportunity (CRIO).

INSTRUCTIONS

If the language services you received did not provide you with meaningful access to a City Service because of an error in processing the request, or because the services provided were inadequate or of poor quality, or if you believe your request for language services was wrongfully denied, we want to hear from you!

If you would prefer to complete this form on paper, you may download the form here or obtain a copy at the CRIO office between 9 am and 4 pm, Monday through Friday. Paper forms may be submitted in person at the CRIO office, by email at CRIO LAP@DetroitMI.gov, or by mail to CRIO's Address:

Civil Rights, Inclusion & Opportunity Dept.
Attn: Civil Rights Manager
2 Woodward Ave., Suite 1240
Detroit, MI 48226

If assistance is needed to complete this form, please contact the Civil Rights Department by phone at (313) 224-4950 or by email at crio@detroitmi.gov.

GRIEVANCE PURPOSE

Are you filling out this form because the language services (translation or interpretation) you received did not provide you with meaningful access to the City Services for some reason, for example, due to a processing error, poor quality, or wrongful denial of your request?

- Yes
 No

If you selected "No" this is not a language access grievance. Please contact CRIO at (313) 224-4950 or by email at crio@detroitmi.gov for assistance with other complaints.

If you selected "Yes" please continue to the next section.



CONTACT INFORMATION

First Name:

Last Name:

Today's Date:

Street Address:

Zip Code:

Email Address:

How would you prefer to be contacted?

- Email
- Phone
- Mail

What language do you prefer for reading and writing?

What language do you prefer for speaking or signing?

COMPLAINT DETAILS

What language did you request help with?

When did this incident Occur? (MM/DD/YYYY)

Please check here if this is an estimated date



COMPLAINT DETAILS *(continued)*

Where did the issue happen?

In person (at a City department, meeting, or event) *Specify Address below:*

Street Address:

City:

Zip Code:

Over the phone *Specify details below:*

Date of Call:

Time of Call:

Online *Specify details below:*

Website or other link:

What went wrong?

(Check all that apply)

- I didn't know I could ask for an interpreter or translation help
- City staff did not assist me by connecting me with an interpreter
- My request for language services was denied
- Written documents related to City programs or services were not available in my language
- The written translation was incorrect or hard to understand
- The interpretation was incorrect or hard to understand
- The interpreter was rude or behaved inappropriately
- Other *(please describe)*



COMPLAINT DETAILS *(continued)*

Tell us about your complaint, including services or documents the complainant wanted to access or the desired language

Has the complainant tried to contact anyone in the department about the incident?

Yes

No

If "Yes" who has been contacted?

Name:

Email Address:

Phone Number:

What was their response (if applicable)?



COMPLAINT DETAILS *(continued)*

Did this incident occur more than once?

Yes

No

If "Yes" please provide details

How do you want your language access complaint resolved?

ADDITIONAL DETAILS

Did someone help you fill out this form?

YES

NO

If yes, please provide their details below:

Name:

Organization/City Department:

Phone number or email address:



Civil Rights, Inclusion & Opportunity Language Access Program

Thank you for completing this form. We strive for excellent service and your feedback is valuable to us.

What happens next?

1. **Confirmation:** Within **2 business days**, we will review and confirm receipt of the grievance using the contact information provided on the form.
2. **Follow-Up:** If you do not receive confirmation in **10 business days**, please contact us at (313) 224-4950 from 9 am - 4 pm Monday through Friday, or email CRIOLAP@DetroitMI.gov
3. **Resolution:** The Civil Rights Manager will complete an investigation of the grievance as soon as possible, but no later than **90 business days** from when we receive your complaint.