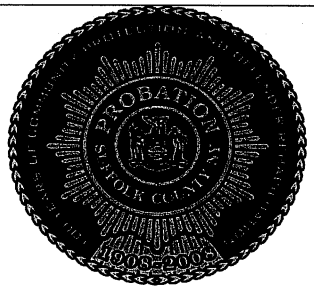
Suffolk County Probation Department	
	**General Department Policies** **Section Title: Suffolk County Probation Department Language Access Plan** **Effective Date 11/14/2013** **Revised 8/25/2017** **Revised 11/30/2018** **Revised 6/21/2019** **Language Access Designee Andrea Neubauer, Director**

I. AGENCY MISSION STATEMENT AND BACKGROUND

Mission Statement

The mission of the Suffolk County Probation Department is to promote public safety by implementing evidence based practices that foster positive change in our clients, their families, and our communities.

Background

Probation is an alternative to incarceration that permits offenders to live and work in the community, support their families, receive rehabilitative services and make restitution to the victims of their crimes. Probation also addresses juvenile crime through early intervention for at risk youth. Probation is a judicial function governed by the courts that sentence defendants; it is the most frequently utilized criminal punishment in the US today. When carefully administered, and when applied only to those offenders who can be safely monitored in the community, Probation can provide rehabilitation and reintegration of the offender into society, ultimately helping to reduce crime.

Since 1908 the Suffolk County Probation Department has maintained a high standard of public safety by providing solutions to crime, delinquency, and families in crisis. Each year, thousands of residents come to the Department seeking assistance in preparing court petitions involving family offenses, custody and visitation, support, and persons in need of supervision (PINS). The Department provides public safety through treatment, planning, and prevention.

II. AGENCY LANGUAGE ACCESS GOALS

Meaningful Access

The Suffolk County Probation Department is subject to the civil rights requirements set forth in Title VI of the Civil Rights Act of 1964 (Title VI), the Omnibus Crime Control and Safe Streets Act of 1968 (Safe Streets Act) and their implementing regulations, which prohibit discrimination in programs and activities based on national origin. The Department is further subject to Suffolk County Executive Order #10-2012, which requires agencies, departments, and divisions of Suffolk County government to take all reasonable steps to ensure that persons having limited English proficiency have access to county programs and services. The Department is therefore obligated to take reasonable steps to ensure that limited English proficient (LEP) persons can access services and benefits. A LEP person is someone whose primary language is other than English, and whose ability to read, write, speak, or comprehend English is limited.

The Probation Department is required by NYS statute to conduct presentence/pre-dispositional investigations and to supervise those persons placed on Probation by the courts. To perform these tasks effectively and efficiently, Department personnel must be able to communicate with the offender, and with those most directly impacted by the offender's actions.

To that end, the Probation Department has developed a language access plan. The purpose of the plan is to identify those measures the Department has taken to ensure that LEP persons have ready access to all of our services and benefits.

Current Policy

Currently, the Department communicates with LEP persons in their primary language, using either bilingual employees or Language Line Solutions, a telephonic interpretation and translation service. These services are provided at no cost whenever the Department services a LEP person, or whenever a LEP person requests language assistance services. As a matter of policy, the Department does not allow the child of a LEP person to interpret for the client, nor do we engage another adult who is also involved with the justice system to interpret for the client, except in the case of an emergency or imminent danger. Written documents deemed 'vital' to the various functional areas of the Department have been translated into Spanish, Italian, Mandarin, Polish, French Creole and Portuguese.

Existing Language Assistance Services

The Probation Department has provided, and will continue to provide, language assistance services to offenders, as well as to those persons who voluntarily utilize the services offered by the Department. Language assistance includes both interpretation (orally converting one language, the source language, to the target language, while retaining the same

meaning) and translation (converting written text from the source language to the target language). As previously noted, language assistance services are provided by bilingual staff (both civilian and peace officers), as well as by a private contractor.

Within our Criminal and Family Court divisions, we have identified all bilingual employees available to provide in-language, interpretation and sight translation services for Spanish speakers. These employees provide immediate support to those Probation clients who are primary Spanish speakers. The Department has established a list of these employees, to include their duty station, telephone number, and bilingual language. The list is updated annually, and circulated internally to all staff members. Although all of the bilingual, Spanish speaking employees have been deemed 'proficient' by the Suffolk County Civil Service Department in terms of their ability to read and to converse in Spanish, LEP persons will also be able to access a professional interpreter should they choose to do so.

The Department has also contracted with Language Line Solutions, which provides telephonic interpretation and translation services in multiple languages including Spanish, Italian, Mandarin, Polish, French Creole, and Portuguese. The Department maintains contact information for Language Line Solutions in all its offices, and that information has been circulated agency wide.

III. LEP POPULATION ASSESSMENT

Methodology for Language Assessment

Based on US Census data, more specifically, the 2007-2011 American Community Survey, the Suffolk County Probation Department has determined that within the LEP population, the most frequently spoken languages county wide are Spanish/Spanish Creole, Italian, Mandarin, Polish, French Creole, and Portuguese speakers.

Language Spoken at Home By Ability to Speak English, For the Population Ages 5 and Over, For the Period 2007 – 2011

	Total Persons Age 5 or Older	*Speaks English "Very Well"*	*Speaks English Less Than "Very Well"*
Spanish or Spanish Creole	166, 141	79, 112	87, 029
Italian	17, 223	12, 659	4, 564
Chinese	10, 552	5, 512	5, 040
French Creole	7, 932	4, 284	3, 648
Polish	7, 797	4, 394	3, 403
Portuguese	5, 176	2, 696	2, 480

Signage has been posted in the lobby of all Probation Department offices in multiple languages, to advise clients that interpreters are available at no charge to LEP individuals. Additionally, the Department maintains translated forms and documents for LEP persons in Spanish, Italian, Mandarin, Polish, French Creole and Portuguese.

IV. Implementation

Organizational Commitment

The Suffolk County Probation Department's language access plan was implemented on 11/14/2013, and is updated periodically as needed.

General Roles and Responsibilities

The Department's senior and mid-level managers will ensure that all Probation employees comply with the agency's language access policy to communicate with clients, their families, and other involved parties in their primary language.

The Department's 'Language Access Coordinator,' Director Andrea Neubauer, or the designee, Principal Probation Officer Peter Kwiatkoski, will monitor the contractor providing telephonic translation and interpretation services and maintain records related to those services; ensure that language identification information is posted Department-wide; review and update as necessary the Department's list of bilingual employees; review the Department's catalog of written materials to ensure that vital documents have been translated; and in conjunction with senior managers, review and update as necessary the Department's language access plan.

Action Items

- **Data Collection**

Review historical data on our contracted language assistance services so as to identify utilization access trends.

- **Information Dissemination**

Beginning 11/14/2013, and annually thereafter, all Department employees will receive written notification on (1) how to obtain language assistance from the pool of bilingual Probation staff and (2) how to access telephonic language interpretation and translation services from the contractor. The listing of bilingual staff will include the employee's name, bilingual language, duty station, and telephone number.

- **Notification to the Public**

The Department will display 'Language Identification Card' posters in all public waiting areas, informing clients about free language assistance resources.

- **Document Translation**

The Department has identified, and will continue to identify, vital documents and provide for the translation of those documents into a language or languages, as determined by the results our language assessment.

- **Community Review**

On an annual basis, the Language Access Coordinator or the designee will assess demographic data, review the language access services utilization rate and as needed, consult with community- based organizations to determine the need to translate vital documents into a language other than Spanish.

V. Service Provision Plan

Identifying and Documenting Primary Language

When interacting with a LEP person, their family, or another interested party, Department staff can identify the person's primary language by using a "Language Identification Card."

Securing Oral Language Assistance

Employees will inform the LEP person that the Department provides free language assistance services. If the person requests an interpreter, one will be provided.

When communicating with a LEP person by telephone, if a bilingual employee is not available, or if the LEP person's primary language is not Spanish, the employee will use the Department's contractor, Language Line Solutions, to enable that communication by following these steps:

When receiving a call:

- Use Conference Hold to place the LEP person on hold
- Dial 1-866-874-3972 and provide the 6 digit client ID number
- Press 1 for Spanish or Press 2 for all other languages. At the prompt, speak the name of the language needed. If assistance is needed to identify the language, press 0 and stay on the line
- Provide the building's 4 digit access code
- Brief the interpreter

- Add the LEP person to the call

When placing a call:

- Begin by dialing 1-866-874-3972, then follow the above instructions

Translation of Written Materials

The Department has identified those documents considered vital to the supervision, investigation, and intake functions. A list of these vital documents will be maintained and updated, as necessary, by the Department's Language Access Coordinator or the designee. Although a private contractor will provide document translation services, whenever possible, documents will be translated by the Department's bilingual (Spanish speaking) employees.

Department staff should enlist the assistance of bilingual employees to provide sight translation of a non-vital document as may be requested by the LEP person.

VI. Complaint Process

The Probation Department will take all reasonable measures to ensure that LEP persons receive free language assistance services in their primary language. Should a LEP person assert that they did not receive adequate language assistance, the LEP person will be advised to submit a written complaint, using the Language Access Complaint Form available on line. The Language Access Coordinator or the designee will promptly review, investigate, and respond in writing to that complaint.

VII. Training

The Department will disseminate information regarding its language assistance program to new workers (non-peace officer staff) during employee orientation. For newly hired Probation Officer Trainees, this information will be incorporated into the Cultural Diversity module, as part of the Fundamentals of Probation Practice curriculum. Current staff will receive this information during periodic section and/or unit meetings. Additionally, an 'all Department' memo will be issued no less than once each year, detailing key aspects of the Department's language access plan.

VIII. Record Keeping

The Language Access Coordinator, or the designee, will monitor the Department's language assistance program by collecting and reviewing any data deemed relevant to the program.

IX. Future Planning

The Suffolk County Probation Department is committed to providing effective and efficient language services to LEP persons. To that end, the Department will:

(1) Examine population and language trends in the county on an annual basis
(2) Examine demographic data vis-à-vis the Probation supervision, investigation, and intake caseloads annually
(3) Review its catalog of vital documents, adding or removing documents from that catalog as necessary

Enhancements to the existing plan will be implemented as needed, and as circumstances allow.

APPENDIX A

VITAL DOCUMENTS FOR INTERNAL USE ONLY

AVAILABLE IN SPANISH, ITALIAN, MANDARIN, POLISH, FRENCH CREOLE, AND PORTUGUESE

Additional Conditions of Probation: Dual Recovery Program
Additional Conditions of Probation: Ignition Interlock
Adjustment Case Conditions
Authorization for Release of Health Information
Agreement to Correspond by Mail Pending Case Transfer (Prob. 30-140A)

Court Ordered Investigation and Report (Prob. I-93)
Court Ordered Investigation Appointment letter

Emergency Evacuation Instructions For Registered Sex Offenders

Family Court: Victim Impact Statement (Prob. I-23)
Family Court Confidential Information Sheet (Rev. 6/2011)
Form for Filing in Family Court

Incidents of Threats and Violence (when filing for an Order of Protection)

Long Island Advocacy Center Intake Form

Notice Regarding Probation Fees
Notification of Drug Testing

Orders and Conditions of Adult Probation
Orders and Conditions for Interim Probation

Parent Letter (Placement Costs)
Pre-sentence Investigation Questionnaire for Family Court
Probation Handouts (7 total), with Introduction Sheet: Safeguard Program

Release of Information (BOCES)
Release of Information (School)
Release of Information (DSS/CPS Prob. 20-5)

Sex Offender Conditions of Probation: Computer, Internet, and Electronic Monitoring
Sex Offender Conditions of Probation: Safeguard Program
Suffolk County Family Court Confidential Information Sheet

Suffolk County Office of Community Services
H. Lee Dennison Building
100 Veteran's Memorial Hwy.
Hauppauge, NY 11788
Phone: (631) 853-4738 Fax: (631) 853-8271
Email: Minority.Affairs@suffolkcountyny.gov

Access to Services in Your Language: Complaint Form

Suffolk County's policy is to take reasonable steps to overcome language barriers to public services and programs. To do this, our goal is to: 1) Talk to you in your language and 2) Provide vital forms and documents in the top six, most frequently used languages, in addition to English.
Your comments on this form will help us towards that goal. **All information is confidential**.

Please print, and sign the form with black ink. Then send it by mail, fax, or email written above.

Person making the complaint: _____ Claimant ID # (if available): _____
First name: _____ Last name: _____
Street address: _____
City, Town or Village: _____ State: _____ Zip code: _____
Preferred language: _____ E-mail address (if available): _____ Home phone: _____ Other phone: _____

Is someone else helping you file this complaint? *Yes* *No* If 'Yes', include their:
First name: _____ Last name: _____

What was the problem? Check all the boxes that apply and explain below.

- ☐ I was not offered an interpreter
- ☐ I asked for an interpreter and was denied
- ☐ The interpreter(s) or translator(s) skills were not good (List their names, if known)
- ☐ The interpreter(s) made rude or inappropriate comments
- ☐ The services took too long (Explain below)
- ☐ I was not given forms or notices in a language I can understand (List documents needed below)
- ☐ I was unable to use services, programs or activities (Explain below)
- ☐ Other (Explain below)

When did problem happen? Date (MM/DD/YYYY): _____ Time: _____ AM PM

Where did problem happen? _____

Describe what happened. Please be specific. Use additional pages as needed. Print your name on each sheet.
List language, services and documents needed. Include names, addresses and phone numbers of people involved, if known.

Did you complain to anyone from the Department/Agency? Who and what was the response? Please be specific.

I certify that this statement is true to the best of my knowledge and belief.

Signature: _____ **Date** (MM/DD/YYYY): _____
(Person making the complaint)

Do not write in this box. For office use only

Date: _____ Reviewer: _____

Suffolk County Office of Community Services
H. Lee Dennison Building
100 Veteran's Memorial Hwy.
Hauppauge, NY 11788
Telefòn: (631) 853-4738 Faks: (631) 853-8271
Imèl: Minority.Affairs@suffolkcountyny.gov

Aksè nan Sèvis nan Lang Ou: Fòm Pou Pote Plent

Politik Konte Suffolk vle pou nou pran mezi rezonab pou elimine baryè lang nan sèvis ak pwogram piblik yo. Pou fè sa, objektif nou se pou: 1) Pale ak ou nan lang ou epi 2) Bay fòm ak dokiman enpòtan anpil yo nan sis (6) lang yo itilize plis yo, anplis Anglè. Kòmantè ou sou fòm sa a pral ede nou ak objektif sa a. **Tout enfòmasyon ap rete konfidansyèl.**

Tanpri ekri ak lèt detache, epi siyen fòm nan ak lank nwa. Apresa retounen li pa lapòs, faks, oswa imèl ki ekri anwo a.

Moun k ap pote plent lan: _____ Nimewo ID Moun k ap fè reklamasyon an (si genyen): _____

Prenon: _____ Non fanmi: _____

Adrès: _____

Vil: _____ Eta: _____ Kòd postal: _____

Lang prefere: _____ Adrès imèl (si genyen): _____

Nimewo telefòn kay: _____ Lòt telefòn: _____

Èske gen yon lòt moun k ap ede ou ranpli plent sa a? *Wi* *Non* Si repons la se "Wi mete:

Prenon li: _____ Non fanmi li: _____

Ki pwoblèm ou te genyen? Chwazi tout pwoblèm ou te genyen epi eksplike anba a.

- ☐ Yo pa te ofri mwen yon entèprèt
- ☐ Mwen te mande yon entèprèt epi yo te refize
- ☐ Entèprèt la (yo) oswa tradiktè a(yo) pa te bon (Mete non yo, si ou konnen)
- ☐ Entèprèt la(yo) te malelve oswa te fè kòmantè ki pa apwopriye
- ☐ Sèvis yo te pran twòp tan (Eksplike anba a)
- ☐ Yo pa te ban m fòm yo oswa avi yo nan yon lang mwen kapab konprann (Mete lis dokiman ou te bezwen yo anba a)
- ☐ Mwen pa te kapab itilize sèvis, pwogram, oswa aktivite yo (Eksplike anba a)
- ☐ Lòt (Eksplike anba a)

Kilè pwoblèm nan te rive? Dat la (JJ/MM/AAAA): _____ Lèa: _____ AM PM

Ki kote pwoblèm nan te rive? _____

Eksplike sa ki te pase? Tanpri bay tout detay yo. Itilize plis paj si ou bezwen. Ekri non ou sou chak paj ak lèt detache.
Mete lang, sèvis, ak dokiman ou bezwen. Mete non, adrès, ak nimewo telefòn moun ki enplike yo, si ou konnen yo.

Èske ou te pote plent bay nenpòt moun nan Depatman/Ajans la? Kimoun epi ki repons ou te jwenn? Tanpri bay tout detay yo.

Mwen sètifye deklarasyon sa a vrè selon tout sa mwen konnen ak sa mwen kwè.

Siyati: _____ **Dat la** (JJ/MM/AAAA): _____

(Moun k ap pote plent lan)

Pa ekri nan bwat sa a. Pati sa a se administrayon an ki pou ranpli l sèlman

Dat la: _____ Moun k ap egzaminen plent la: _____

Escritório dos Serviços Comunitários no Condado de Suffolk
H. Lee Dennison Building
100 Veteran's Memorial Hwy.
Hauppauge, NY 11788
Telefone: (631) 853-4738 Fax: (631) 853-8271
E-mail: Minority.Affairs@suffolkcountyny.gov

Acesso aos serviços no seu idioma: Ficha para queixas

A polícia do Condado de Suffolk deverá tomar medidas razoáveis para resolver barreiras relativas a idiomas em serviços e programas públicos. Para tanto, nossa meta é: 1) conversar com você no seu idioma e 2) fornecer formulários e documento importantes nos seis idiomas mais importantes e mais usados, além de em inglês.
Seus comentários neste formulário vão nos ajudar a cumprir essa meta. **Todas as informações são confidenciais**.

Imprima o formulário e assine-o com caneta preta. Depois, envie-o pelo correio, por fax ou pelo e-mail fornecido acima.

Pessoa que está fazendo a queixa: _____ # identidade de quem está fazendo a queixa (se disponível): _____
Nome: _____ Sobrenome: _____
Endereço: _____
Cidade: _____ Estado: _____ CEP: _____
Idioma preferido: _____ E-mail (se disponível): _____
Telefone residencial: _____ Outro telefone: _____
Alguém mais está ajudando você a fazer essa queixa? *Sim* *Não* Se 'Sim', inclua sobre ela:
Nome: _____ Sobrenome: _____

Qual foi o problema? Marque todas as caixas aplicáveis e explique abaixo.

- ☐ Não me foi oferecido um intérprete
- ☐ Pedi um intérprete, mas me foi negado
- ☐ O(s) intérprete(s) ou tradutor(es) não era(m) bom(ns) (Liste o nome deles, se você souber)
- ☐ O(s) intérprete(s) fez(fizeram) comentários rudes ou inadequados
- ☐ Os serviços foram muito demorados (explique abaixo)
- ☐ Não recebi formulários ou avisos em um idioma que eu conheço (liste os documentos necessários abaixo)
- ☐ Não consegui usar os serviços, programas ou atividades (explique abaixo)
- ☐ Outros (explique abaixo)

Quando o problema ocorreu? Data (MM/DD/AAAA): _____ Hora: _____ AM PM
Onde o problema ocorreu? _____
Descreva o que aconteceu. Seja específico. Use páginas adicionais, se necessário. Escreva seu nome em cada folha.
Liste o idioma, os serviços e os documentos necessários. Inclua nomes, endereços e números de telefone das pessoas envolvidas, se você souber.

Você fez a queixa a alguém do Departamento/Agência? Para quem e qual foi a resposta? Seja específico.

Eu confirmo que esta declaração é verdadeira e correta de acordo com o meu conhecimento.

Assinatura: _____ **Data** (MM/DD/AAAA): _____
(Pessoa que está fazendo a queixa)

Não escreva nesta caixa. Apenas para uso do escritório

Data: _____ Revisor: _____

Ufficio per i servizi alla comunità della Suffolk County
H. Lee Dennison Building
100 Veteran's Memorial Hwy.
Hauppauge, NY 11788
Telefono: (631) 853-4738 Fax: (631) 853-8271
E-mail: Minority.Affairs@suffolkcountyny.gov

Accesso ai servizi nella propria lingua: Modulo di reclamo

È consuetudine della Suffolk County adottare ogni misura ragionevole per superare le barriere linguistiche nei servizi e programmi pubblici. Per farlo, ci proponiamo di: 1) Parlarvi nella vostra lingua e 2) Fornire i moduli e i documenti essenziali nelle sei lingue più comunemente parlate oltre all'inglese.
I commenti che fornirete in questo modulo ci aiuteranno a conseguire questi obiettivi. **Ogni informazione è riservata**.

Compilate in stampatello e firmate il modulo usando una penna con inchiostro nero. Quindi inviatelo a uno dei recapiti sopra indicati (posta, fax o e-mail).

Persona che presenta il reclamo: _____ ID reclamante (se disp.): _____
Nome: _____ Cognome: _____
Indirizzo: _____
Città o comune: _____ Stato: _____ CAP: _____
Lingua preferita: _____ Indirizzo e-mail (se disponibile): _____
Tel. abitazione: _____ Altro telefono: _____
Qualcun altro vi sta aiutando a compilare questo modulo? *Sì* *No* Se "Sì", includere il suo:
Nome: _____ Cognome: _____

Qual è stato il problema? Spuntare tutte le caselle pertinenti e fornire una descrizione.

- ☐ Non mi è stato offerto un interprete
- ☐ Ho chiesto un interprete ma mi è stato negato
- ☐ L'interprete/gli interpreti o il traduttore/i traduttori non era/erano molto preparato/i (fornire i nomi, se noti)
- ☐ L'interprete/gli interpreti ha/hanno fatto commenti sgarbati o inappropriati
- ☐ I servizi hanno richiesto troppo tempo (spiegare di seguito)
- ☐ I moduli o le comunicazioni mi sono stati forniti in una lingua che non comprendo (elencare di seguito i documenti richiesti)
- ☐ Non ho potuto usufruire di servizi, programmi o attività (spiegare di seguito)
- ☐ Altro (spiegare di seguito)

Quando si è verificato il problema? Data (MM/GG/AAAA): _____ Ora: _____ AM PM
Dove si è verificato il problema? _____
Descrivete quanto è accaduto. Siate precisi. All'occorrenza, aggiungete altre pagine. Scrivete in stampatello il vostro nome su ciascun foglio. Elencate la lingua, i servizi e i documenti necessari. Includete nome, indirizzo e numero di telefono delle persone coinvolte, se noti.

Avete già presentato reclamo a qualcuno del Dipartimento/dell'Agenzia? A chi e qual è stata la risposta? Siate precisi.

Certifico che la presente dichiarazione è vera e accurata per quanto di mia conoscenza.

Firma: _____ **Data** (MM/GG/AAAA): _____
(Persona che presenta il reclamo)

Non scrivere in questo riquadro. Riservato all'ufficio

Date: _____ Reviewer: _____

Suffolk County Office of Community Services
H. Lee Dennison Building
100 Veteran's Memorial Hwy.
Hauppauge, NY 11788
電話：(631) 853-4738 傳真：(631) 853-8271
電子郵件：Minority.Affairs@suffolkcountyny.gov

以您熟悉的語言使用服務：投訴表

薩福克郡的政策是採取合理的行動，克服公共服務與計畫的語言障礙。因此，我們的目標是：1) 以您的語言與您交談，以及 2) 以英文以外的六種最常使用的語言提供重要的表單與文件。

您對本表單的意見將協助我們達成目標。**所有資訊都加以保密**。

請使用黑色墨水列印並簽署此表單。然後依上述資訊，以郵寄、傳真或電子郵件方式傳送此表單。

投訴者： _____ 申請 ID 號碼（若有）：_____

名字：_____ 姓氏：_____

街道地址：_____

市、鎮或村：_____ 州：_____ 郵遞區號：_____

慣用語言：_____ 電子郵件地址（若有）：_____

住家電話號碼：_____ 其他電話號碼：_____

是否有其他人協助您提出此投訴？ *是* *否* 若回答「是」，請提供他們的：

名字：_____ 姓氏：_____

問題為何？請勾選以下適用的所有方框，並加以說明。

- ☐ 沒有為我提供口譯員
- ☐ 我要求提供口譯員但遭拒絕
- ☐ 口譯員或翻譯員技能不佳（若已知，請列出他們的姓名）
- ☐ 口譯員做出了粗魯或不恰當的詮釋
- ☐ 服務花費的時間太長（請於下方解釋）
- ☐ 我獲得的表單或通知所使用的並非我理解的語言（請於下方列出需要的文件）
- ☐ 我無法使用服務、計畫或活動（請於下方說明）
- ☐ 其他（請於下方說明）

問題發生的時間？ 日期（年/月/日）：_____ 時間：上午 下午 _____

問題發生的地點？ _____

請敘述發生的經過。請詳細說明。必要時使用額外的紙張。請在每一頁上以正楷書寫您的姓名。

條列所需的語言、服務與文件，包括相關人士的姓名、地址與電話號碼（若已知）。

您是否曾經向部門/機構裡的任何人投訴過？受理者是誰？反應為何？請詳細說明。

本人證明就本人所知，此聲明是真實的。

簽名： _____ **日期**（年/月/日）：_____

（投訴者）

不要在此方框內填寫。僅供機構使用

日期：_____ 審查：_____

Suffolk County Office of Community Services
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Dostęp do usług we własnym języku - formularz zażalenia

Polityką okręgu Suffolk jest podejmowanie uzasadnionych kroków w celu przezwyciężania barier językowych w usługach i programach publicznych. Aby to osiągnąć, naszym celem jest: 1) Rozmowa z klientami w ich języku 2) Oferowanie kluczowych formularzy i dokumentów w sześciu najczęściej stosowanych językach, poza j. angielskim.
Państwa uwagi w niniejszym formularzu pomogą nam w realizacji tego celu. **Wszystkie informacje są poufne**.

Prosimy wypełnić drukowanym pismem i podpisać formularz czarnym tuszem. Następnie wysłać go pocztą, faksem lub na adres e-mail podany powyżej.

Osoba składająca zażalenie: _____ Nr identyfikacyjny zgłaszającego reklamację (jeśli jest dostępny): _____
Imię: _____ Nazwisko: _____
Ulica: _____
Miasto, miejscowość lub wieś: _____ Stan: _____ Kod pocztowy: _____
Preferowany język: _____ Adres e-mail (jeśli dostępny): _____
Nr telefonu domowego: _____ Inny nr telefonu: _____
Czy w złożeniu zażalenia pomaga inna osoba? *Tak* *Nie* Jeśli tak, podać:
Imię: _____ Nazwisko: _____

Na czym polega problem? Zaznaczyć wszystkie odnośne pola i wyjaśnić poniżej.

- ☐ Nie zaoferowano mi usług tłumacza
- ☐ Poprosiłem(-am) o usługi tłumacza i odmówiono mi
- ☐ Umiejętności tłumacza(-y) pisemnego(-ych) lub ustnego(-ych) nie były dobre (wymienić nazwiska, jeśli znane)
- ☐ Tłumacz(e) wyrażał(-li) niegrzeczne lub nieodpowiednie komentarze
- ☐ Usługa trwała zbyt długo (wyjaśnić poniżej)
- ☐ Nie uzyskałem(-am) formularzy ani powiadomień w języku, który rozumiem (wymienić poniżej wymagane dokumenty)
- ☐ Nie mogłem(-am) skorzystać z usług, programów ani działań (wyjaśnić poniżej)
- ☐ Inne (wyjaśnić poniżej)

Kiedy wystąpił problem? Data (MM/DD/RRRR): _____ Godzina: _____ rano po południu
Gdzie sytuacja miała miejsce? _____
Proszę opisać, co się wydarzyło. Proszę opisać szczegółowo. W razie konieczności skorzystać z dodatkowych stron. Na każdej kartce podać imię i nazwisko.
Wymienić wymagany język, usługi i dokumenty. Uwzględnić nazwiska, adresy i numery telefonów osób biorących udział, jeśli są znane.

Czy złożył(a) Pan(i) skargę do pracownika wydziału/instytucji? Kto i jakiej udzielił odpowiedzi? Proszę opisać szczegółowo.

Oświadczam, że powyższe oświadczenie jest prawdziwe zgodnie ze stanem mojej wiedzy i przekonań.

Podpis: _____ **Data** (MM/DD/RRRR): _____
(Osoba składająca zażalenie)

Nie pisać w tym polu. (Tylko do użytku urzędowego)

Data: _____ Osoba oceniająca: _____