



City of Richmond Language Access Complaint Form

The purpose of this form is to assist you in filing a Language Access complaint with the City’s Language Access Coordinator. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

*The complaint was based on the lack or deficiency in services due to:

- Language access (e.g. an interpreter or translation were not provided upon request)
- Customer service
- Other: _____

If you checked ‘Language access’ above, continue with this form. Otherwise, please contact the appropriate City staff to fill a customer service complaint.

*Name of person submitting complaint: _____

*Address: _____

Phone: _____ Email: _____

*Name of Agency/Department or Program related to complaint: _____

*Name of City Employee (if known): _____

*Date of the incident: _____ *Time: _____

Please explain as clearly as possible what happened, why you believe it happened, and how you were mistreated. Please describe if other people were involved or interacted with you.

Please list below any person or witnesses that we may contact for additional information related to this complaint.

Name	Address	Phone
_____	_____	_____
_____	_____	_____

What would you like to see as resolution for your complaint?

Please sign and date this complaint form below:

Signature Date

Submit the form to:
Language Access Coordinator
Office of Multicultural Affairs
900 E Broad Street, Suite 501
Richmond, VA 23219
Or email at: Communitylanguage.access@richmondgov.com