State of Illinois
Department of Children and Family Services
Division of Strategy and Performance Execution

Language Access Complaint Form

Federal and State laws require the State of Illinois to comply with all nondiscrimination laws, including but not limited to the federal Civil Rights Act of 1964, the Americans with Disabilities Act, and the Illinois Human Rights Act. Illinois must ensure all individuals have meaningful access to services, benefits, and programs provided by the State. If you believe that you have been denied or restricted access to the Illinois Department of Children and Family Services, benefits, or programs based on your inability or perceived inability to speak or understand English or you have a limited English proficiency, please complete this form, and submit it to the Language Access Coordinator for the Illinois Department of Children and Family Services.

1. Information About You

Your Name and Address:

_____
Name

_____
Address

_____
City State ZIP

Your Telephone Number(s):

Primary phone number: (____)_____

Alternate: (_____)_____

What is the best time for us to contact you?

_____

2. Information About Your Complaint

Please tell us where the incident(s) occurred:

_____
_____
_____
_____
_____

Please identify, as best you can, the State of Illinois employee(s) and, if applicable, other person(s) who may have been involved in the incident(s):

_____
_____
_____
_____
_____

Please tell us the approximate time(s) and date(s) when the incident(s) occurred:

_____
_____
_____
_____
_____

3. Description: Please describe in your own words what happened. Also, please explain why you believe discrimination occurred. Be sure to include such information as:

- Who was involved and what they did or said, including any offensive or derogatory language used,
- How you, or another, were treated differently from others,
- How you tried and were unable to access DCFS information, interpreter services, the language line telephone interpreter services, etc.
- If you were provided forms to sign that were in a language other than your primary language.

Please attach any written or other material you have pertaining to your complaint.

4. Please provide us with any other information you think is important to your complaint.

5. Witnesses: Please list any persons you wish us to contact for additional information about your complaint.

Name	Address	Telephone

6. Basis of Complaint:

Which Language Access type was denied, or what services you have not received in your preferred Language.

- ☐ In person Interpreter
- ☐ Telephone Interpreter
- ☐ Forms
- ☐ Written Notices
- ☐ Service Plan (Language)
- ☐ Notification of Appeal Rights (Language)
- ☐ Local Office did not offer Language assistance
- ☐ Sign Language and Deaf/Hard of Hearing assistance
- ☐ Lack of signage informing you of your rights to Language Services

7. Language Access:

1. What do you consider 'your' language (What language do you **speak** at home?)_____
2. Do you **read** and **write** in your language? Yes ☐ No ☐
3. Do you fluently speak, write, or read other languages? Yes ☐ No ☐
   If so, which languages? _____
4. Did you have help completing this form? Yes ☐ No ☐
   If so, please list the name and contact information for the person(s) who assisted you:_____

_____

_____
Complainant Signature Date

Interpreter Name/ID number (if used):

Send to:

Lourdes M. Colon Rodriguez
Language Access Coordinator
Illinois Department of Children and Family Services
1911 South Indiana – Room 1051-D
Chicago, Illinois 60616
Or email to: DCFS.BurgosCoordinator@illinois.gov

INSTRUCTIONS FOR CFS 766-2- LANGUAGE ACCESS COMPLAINT FORM

1. Who can file a complaint?

Any applicant or recipient of Department services, any applicant for employment, or any applicant or recipient of Contractual Services provided at the direction of DCFS.

2. **When can a Language Complaint Form be filed?**

If you believe that you have been denied or restricted access to language services, or if you feel you have not had meaningful access to programs, benefits, or other services provided by the Department due to your inability or perceived inability to speak, write, or understand English, or because of limited English proficiency, you may file a language complaint.

3. **How to file a complaint**

A complaint can be initiated verbally or in writing. It must be made within 180 days of the incident that is the basis for the complaint. If the complaint is made verbally, the client should contact the Language Access Coordinator, who will complete the **CFS 766-2 Language Access Complaint Form**. If the complaint is made in writing the client should complete the CFS 766-2 Language Access Complaint Form.

DCFS and CWCA Staff will assist individuals in contacting the Language Access Coordinator or in obtaining and completing the form if assistance is requested.
The completed form shall be sent to:

Language Access Coordinator
Illinois Department of Children and Family Services
1911 South Indiana – Room 1051-D
Chicago, Illinois 60616
Or email to: DCFS.BurgosCoordinator@illinois.gov

4. **What happens after the Complaint is Filed?**

The Language Access Coordinator will conduct an investigation into the complaint. This may include a review of documents and interviews with individuals involved in the client's case. The Language Access Coordinator will provide a written recommendation within 30 working days of receiving the completed complaint form. The recommendation will be in writing and provided to the responsible DCFS Deputy Director or Contributing Agency personnel.

The Language Access Coordinator will work with the client and others to resolve issues related to the client's access to language services or other DCFS services that may be restricted due to the client's inability or perceived inability to speak, write, or understand English, or their belief that they did not have meaningful access to the Department's programs, benefits, and other services.

The client will be notified of the investigation results. If the client is not satisfied, they can file the complaint with an outside agency such as:

U.S. Department of Health and Human Services
Office for Civil Rights
233 N Michigan Ave, Ste 240
Chicago, IL 60601
(312) 886-2359
TDD (312) 353-5693

John C. Kluczynski Federal Building
230 S Dearborn St,
Chicago, IL 60604
Ste 1866 (Enforcement, State & Local Hearings)
Ste 2920 (Legal & ADR)
(312) 872-9777
Enforcement/File Disclosure Fax (312)558-1200
www.eeoc.gov

Illinois Department of Human Rights
524 S. 2nd St. STE 300
Springfield, Illinois 62701
(217) 785-5100
TTY (866) 740-3953

Illinois Department of Human Rights
555 W Monroe, STE 700
Chicago, IL 60661
(312) 814-6200 & (312) 814-4320
TTY (866) 740-3953