



**Thruway  
Authority**

New York State Thruway Authority  
Attn: Language Access Coordinator  
P.O. Box 189  
Albany, NY 12201-0189  
Email: LanguageAccess@thruway.ny.gov

## LANGUAGE ACCESS COMPLAINT FORM

New York State'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 (Spanish, Chinese, Russian, Bengali, French/Creole and Korean), in addition to English.

Your comments on this form will help us towards that goal. **All information is confidential.**

**INSTRUCTIONS:** Complete form and submit to either the mailing or email address above.

### Section I Claimant Information

First Name		Last Name		Email Address (if available)	
Street Address			City, Town or Village		State
					Zip Code
Home Phone No. ( ) -			Is someone else filing this complaint for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Phone No. ( ) -			If Yes, include his/her name		
			First Name		Last Name

### Section II Complaint/Incident Information

Date of incident	Your primary language	Location of incident	Person contacted
Nature of the problem:			
<input type="checkbox"/> Was not provided interpretation services	<input type="checkbox"/> Interpreter made discourteous or inappropriate comments		
<input type="checkbox"/> I asked for an interpreter but was refused	<input type="checkbox"/> Was not provided form(s)/document(s) in a language I understand (list documents below)		
<input type="checkbox"/> Interpreters or translators were not competent	<input type="checkbox"/> Was unable to access services, programs or activities		
<input type="checkbox"/> Services were not timely	<input type="checkbox"/> Other		

Describe briefly what happened. Please provide specific names and addresses where possible. (Attach additional pages as needed.)

How did you and the agency attempt to resolve the problem? Please be as specific as possible.

### Section III Certification

*I certify that this statement of my complaint above and on any pages attached is true to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Personal Privacy Protection Law Notification

The information that you are providing on this form is being requested for the principal purpose of keeping a record and performing an internal review of this complaint. This information is being requested pursuant to Executive Order No. 26 (Statewide Language Access Policy). Failure to provide this information may result in a delay or prevent the processing of this complaint. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). This information is being requested by the Department of Administrative Services, Bureau of Equal Employment Opportunity and Diversity Development (EEODD) and will be maintained in the Language Access program file. This information will be maintained by the EEODD Director, NYS Thruway Authority, 200 Southern Blvd., Albany, NY 12209, (518) 471-4321.