



Commonwealth of Puerto Rico
Municipality of Carolina
Administration Area
Office of Equal Employment Opportunity

LEP LANGUAGE ACCESS PUBLIC COMPLAINT FORM

Title VI, 42 U.S.C. 2000d et seq., enacted as part of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving federal financial assistance”.

Please Print Clearly

Today's Date: _____ Primary Language: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (home) _____ (Cell): _____

Name of person affected: _____

Address of person affected: _____

City: _____ State: _____

Date of alleged occurrence: _____

Where did the alleged occurrence take place? Please identify the Municipality Department

Nature of complaint: Lack of assistance in your language Lack of translated materials

Other (please specify):

Name of the Municipality employee who tried to assist you:

Did you alert Municipality employee of your language preference? Yes No

If yes, how? _____

Did you request any translated materials from the Municipality department you were accessing? Yes No

If yes, how? _____

Were the documents translated in your language? Yes No

Have you tried to resolve the matter with the Municipality department? Yes No

If yes, please provide the following information:

Date when you tried to resolve the matter: _____

Name of the individual you spoke with (if know): _____

Response form the Municipality department: _____

Describe how you were not provided meaningful access to Municipality services and programs:

Please list any and all witnesses' names and phone numbers:

What type of corrective action would you like to see take?

Please provide the name of the individual that assisted you in completing this form (If applicable)

Name: _____

Telephone: _____

SUBMITTING THIS COMPLAINT FORM DOES NOT CONSTITUTE THE FILING OF A CHARGE

The receipt of this complaint form by the Municipality of Carolina will act the filling date of the complaint.
Keep a copy for your records

Signature

Date

Print Name

Please attach any documents you have which support the complaint and send to:

**Municipality of Carolina
Office of Equal Employment Opportunity
PO Box 8
Carolina, PR 00986-0008**

The Municipality of Carolina is committed to improving access to its programs, services and activities for individuals who are Limited English Proficient.