

Illinois Prisoner Review Board

Language Access Complaint Form

What is the purpose of this form?

The State of Illinois is committed to ensuring that all Illinois residents, including those with limited English proficiency, have equal access to State services. If you or someone you know had trouble accessing State services due to a language barrier, please fill out this form. This form should only be used for complaints related to language access.

FOR PRINTED FORMS: Please submit the form by email to caitlin.mccarthy@illinois.gov.

or

Mail the form to:

IPRB's Language Access Coordinator

Caitlin McCarthy

1001 N. Walnut Street

Springfield, IL 62702

If you have questions or need help completing this form, email caitlin.mccarthy@illinois.gov. Your personal information will be kept private.

1. Tell Us About You

Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Phone Number: _____

What is the best time to call you?

8:00 AM-12:00 PM

12:00 PM- 4:00 PM

What is the best way to contact you?

Phone: _____

Email: _____

What language do you prefer to use?

Do you read and write in this language?

- Yes
- No

Did someone help you fill out this form?

- Yes
- No

If yes, please provide their information:

Name: _____

Phone: _____

Email: _____

2. What problems did you have? (Check all that apply)

- I was not offered an interpreter or language assistance services.
- I asked for an interpreter but one was not provided.
- The interpreter did not interpret correctly.
- I asked for a document to be translated, and the request was denied.

(Please list all the document (s) below.)

- The translated document I received was inaccurate. (Please list the document (s) below.)

- I could not access the website due to a language barrier.
- I was unable to access a video because it did not have captions or subtitles.
- Other: _____

3. What kind of help do you need? (Check all that apply)

- Reading
- Writing
- Audio
- Video
- Interpreter

Other: _____

4. Tell Us What Happened

Tell us what happened. For example, include:

-Where?

-When? (date and time)

-Who was involved?

-What went wrong?

A large, empty rectangular box with a thin black border, intended for the user to provide details of their complaint.

NOTE: This form is intended to gather information about your complaint. The Illinois Racing Board will review your complaint. You will be notified when your complaint is resolved. You can submit this form without providing your name and contact information. However, if you choose to remain anonymous, we will not be able to contact you for more details or update you on the resolution of the complaint.