

City of Sioux Falls

Language Access Complaint Form

The City of Sioux Falls takes all complaints related to language access seriously. While no particular form is required when filing a complaint, this form has been created for the convenience of individuals that wish to file a formal complaint.

Any complaint alleging the City's failure to provide language assistance services, whether made through this form or any other format, must be submitted in person, over the phone, via email, or via mail to:

Language Access Coordinator
City Attorney's Office – Human Relations
224 W. 9th Street
Sioux Falls, SD 57104
(605) 367-8745
humanrelations@siouxfalls.gov

1. Complainant Information:

(please print)

Name: _____
First Middle (initial) Last

Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Did someone assist you in completing this form? ☐ Yes ☐ No

If yes, provide the following:

Name: _____ Organization: _____

Phone: _____ Email: _____

2. Incident Details:

Date of incident: _____

Name of City department/agency: _____

What language did you need assistance with? _____

Please select any that apply below:

- | | |
|--|--|
| <input type="checkbox"/> Was not provided interpretation services | <input type="checkbox"/> Lack of signs informing the public of language services |
| <input type="checkbox"/> Was not provided translated documents | <input type="checkbox"/> Lack of forms/materials in multiple languages |
| <input type="checkbox"/> Interpreters/translators were not competent | <input type="checkbox"/> Unable to access services, programs, or activities |
| <input type="checkbox"/> Translations were not accurate | |
| <input type="checkbox"/> Other: _____ | |

3. **Reason for Complaint:** Describe the reason for the complaint. Include details such as the name(s) or position(s) of any individuals you spoke with, and the type of service(s) or information you were seeking.

Signature of Complainant

Date