



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

LANGUAGE ACCESS COMPLAINT FORM

COMMUNICATIONS DEPARTMENT

If you feel have been denied and/or restricted access to State services, benefits, or programs on the basis of your language, please complete this form and submit to the Illinois State Board of Education by emailing languageaccess@isbe.net. If you have any questions about this form, please call Ana C. Arredondo at (312) 814-5818.

INFORMATION ABOUT YOU

NAME	HOME TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, ZIP Code) (OPTIONAL)	ALTERNATE TELEPHONE (Include Area Code)
	What is a convenient time to contact you? <input type="checkbox"/> AM <input type="checkbox"/> PM
	EMAIL

INFORMATION ABOUT YOUR LANGUAGE ACCESS COMPLAINT:

Please identify the Illinois State Board of Education department/location (Springfield/Chicago) the incident(s) about which you are complaining occurred:

Please identify as best you can the Illinois State Board of Education's employee(s) and/or other person(s) involved in the incident(s):

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

Please describe your problem or concern. Be sure to include such information as: who was involved and what they did and/or said; if you tried and were not able to access the Illinois State Board of Education's information or services; and any other information you think is important. If you require additional space or have additional written material pertaining to your complaint, please attach to this form.

Do you have witnesses who have information about your complaint? If so, please state their names, addresses, and phone numbers.

NAME	ADDRESS (Optional)	TELEPHONE NUMBER (Include Area Code)

LANGUAGE ACCESS INFORMATION:

1. What language(s) do you speak? _____
2. Do you read and write in your language? _____
3. Did you have help completing this form? _____

If you answered "Yes" to #3, please list the name and contact information for the person who assisted you:

I certify that I have read this complaint, and that the information that I have provided is true and accurate to the best of my knowledge.

Digital or Original Signature

Date