

## LANGUAGE AND COMMUNICATIONS ACCESS COMPLAINT FORM

The Office of Language and Communications Access (OLCA) oversees interpretation (Spoken & Sign Language), translation and assistive technology to ensure every City of Boston department provides accessible services to all constituents. If you feel that you were not provided adequate access, please fill out this form to submit a complaint.

You may do so anonymously. Please note that without contact information, we will not be able to follow up with you regarding your complaint. For questions or support, please contact us: <a href="mailto:lca@boston.gov">lca@boston.gov</a> or call: 617-635-3414.

If you would like to file a complaint with the American with Disabilities Act (ADA), directions for filing an ADA Grievance can be found <a href="here">here</a>.

• By Phone: 617-635-3682





- By Teletype: 617-635-2541
- Or in person: 1 City Hall Square, Room 967, Boston, MA 02201

## **Personal Information**

We recommend you include your contact information, if you would like us to follow up with you. If you prefer to remain anonymous however, that is acceptable as well. We will investigate the complaint either way.

Today's Date:		
Incident Date:		
Name (Optional):		
Email (Optional):		





## Phone Number (Optional):

## Which City of Boston department or program are you filing a complaint about? (check all that apply):

□ Age Strong Commission	□Boston Bikes
□Analytics Team	☐Boston Centers for
☐ Animal Care and	Youth & Families
Control	☐Boston Planning and
□Archaeology	Development Agency
□Archives and Records	□Boston Public Library
Management	☐Broadband and Cable
□Arts and Culture	□Budget
□Assessing	□Central Fleet
□Auditing	Management
□Black Male	□City Clerk
Advancement	□City Council
□BOS:311	□Civic Organizing





□Commission for People	□Entertainment
with Disabilities	Licensing
□ Community	□Environment
Engagement	□Fair Housing and Equity
□Consumer Affairs	☐Finance Commission
□Cybersecurity Team	□Fire
□Digital Team	☐Fire Operations
□Diversity	☐Fire Prevention
□Early Childhood	□Fire Safety
□Economic Development	□Food Justice
□Economic Opportunity	☐ Historic Preservation
and Inclusion	□Housing
□Elections	$\square$ Housing Authority
□Emergency	☐Human Resources
Management	□Human Rights
□Emergency Medical	Commission
Services	□Human Services





□Immigrant	□New Urban Mechanics
Advancement	□Parking Clerk
□Innovation and	□Parks and Recreation
Technology	□Participatory Budgeting
□Inspectional Service	□Police
□Intergovernmental	☐Police Accountability
Relations	and Transparency
□Labor Relations	□Press Office
□ Landmarks Commission	□Procurement
□Language and	□Property Management
Communications Access	□Public Facilities
□Law	□Public Health
□LGBTQ+ Advancement	Commission
□Licensing Board	□Public Records
□Mayor's Office	□Public Safety
□Neighborhood	□Public Schools
Development	□Public Service and
□ Neighborhood Services	Community Outreach





□Public Works	☐Tax Collection
□Recovery Service	□Tourism, Sports, and
□Registry: Birth, Death,	Entertainment
and Marriage	□Transportation
☐Resilience and Racial	□Treasury
Equity	□Veterans Services
□Retirement	□Water and Sewer
□Returning Citizen	Commission
□Small Business	□Women's Advancement
Development	□Worker Empowerment
□SPARK	☐Workforce Development
□Streets	□Youth Engagement and
□Supplier and Workforce	Employment
Diversity	□Other
Which neighborhood of Boston	do you live in? (optional)
(check one option):	





□Allston	□Mission Hill-Longwood
□Back Bay	□North End
□Beacon Hill	□Roslindale
□Brighton	□Roxbury
□Charlestown	□South Boston
□Dorchester	□South Boston
□Downtown	Waterfront/Fort Point
□East Boston	□South End
□Fenway-Kenmore	□West End
□Hyde Park	□West Roxbury
□Jamaica Plain	☐Prefer not to answer
□Mattapan	□I don't live in Boston
	□Other
Which of the following best desc	ribes the issue you

Which of the following best describes the issue you encountered? (check all that apply):





□ I requested an interpreter and was not provided with
one.
□ I requested a document translation and it was not
provided.
□ I requested assistive technology and it was not provided.
$\square$ I was not informed about the availability of language
services
□ Lack of translated materials (such as forms, notices of
eligibility for services, or benefits).
□Lack of translated, publicly-posted information about
department services, programs or events.
□Poor quality of translated materials.
□ Lack of bilingual/multilingual employees or interpreters
to provide help in my language.
□Employee or interpreter had inadequate proficiency in
my preferred language.
□Other





Please provide a description. Include details such as the	
name(s) or position(s) of any r	elevant individuals and the
type of services/information that you were seeking.	
What language(s) or accommo	ndation did vou need? (check
	dation and you need: (eneek
all that apply):	
□American Sign	□Portuguese (Brazilian)
Language (ASL)	□Russian
□Braille	□Cantonese
□CART	□Mandari
□Arabic	☐Simplified Chinese
□Cabo Verdean Creole	☐Traditional Chinese
□French	□Somali
□Haitian Creole	



□Vietnamese
□Other
et us know which language:
complaint resolved?
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