ENGLISH

1. **LEP Complaint Form:**

   - **Complainant:**
     - Name: ____________________
     - Address: ____________________
     - Phone: _______

   - **Preferred Language:** __________________________
   - **Phone Number:** ____________________
   - **Email Address:** __________________________

   - **Do you provide assistance to someone else?**
     - ☐ No
     - ☐ Yes

   - **If yes, please provide their contact information:**
     - Name: ____________________________
     - Address: ____________________________
     - Phone/Email: ____________________________

   - **When did the problem occur?**
     - If more than twice, please specify dates and times.

   - **Where did the problem occur?**
     - ☐ Phone
     - ☐ In Person

   - **Describe the incident.**
     - Be as specific as possible.
     - For more than twice, please specify dates and times.

2. **Support Services Rejected?**

   - ☐ Not Applicable
   - ☐ Rejected

3. **Language in which you can best understand?**

   - ☐ English
   - ☐ Other (Specify): ____________________________

4. **What document or form did you not receive?**

5. **Other relevant information.**

6. **Contact the agency.**

   - ☐ Other Information: ____________________________
<table>
<thead>
<tr>
<th>인쇄체로 이름 기입: ___________________________</th>
<th>날짜 (월/일/연년연년): ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>(불안정한 당사자)</td>
<td></td>
</tr>
</tbody>
</table>

이곳에 기재하지 마십시오. 기관 사용란.

Date: _______ Reviewer: __________________________
Resolution: ____________________________