State of Michigan Language Access Noncompliance Complaint Form

This form is for individuals who wish to file a complaint because they did not receive appropriate language assistance to access public services from a State of Michigan department or agency, due to their level of proficiency in the English language, as required by the Meaningful Language Access to State Services Act, 2023 PA 241, as amended, MCL 37.21-37.24.

1. Person filing the complaint.

First and Last name:
Today's date: ____/____/20____
Phone number:
Email (optional):
Mailing Address (optional):
Preferred language(s):

2 What is your preferred method to contact you?

☐ Phone
☐ Email
☐ Mail
☐ Other:

3. Is someone else helping you file this complaint? ■ Yes ☐ No

If 'Yes', include their contact information.
First and Last name:
Phone number:
E-mail address:

4. What language(s) did you need services in?

5. What was the problem? Check all the boxes that apply.

☐ I was not offered an interpreter
☐ I asked for an interpreter and was denied
☐ The interpreter provided was not proficient in my preferred language
☐ Document or forms unavailable in my preferred language
☐ I was charged for translation and/or interpretation services
☐ Other:

6. When did this incident happen? If it happened more than once, indicate the date of the most recent incident. Date: ____/____/20____ Time: ☐ a.m. ☐ p.m.

7.Where did this incident happen? Check all the boxes that apply.

☐ Over the phone
☐ In-person
Provide address:
☐ Other:

8. Name of the agency or department with whom you interacted:

9. Did you complain to anyone from the agency or department? ☐ Yes ☐ No

If 'Yes', provide the following details:
First and Last name of person you contacted:
Date you made the complaint: ____/____/20____

Did you receive a response to your complaint? ☐ Yes ☐ No