



TOWN OF CARRBORO • NC

Language Access Formal Complaint Form

The Town of Carrboro is committed to providing equal access to Town services to individuals with limited English proficiency (LEP).

Complete this form to file a language access complaint or to allege noncompliance with the Town of Carrboro Language Access Plan. All complaints should be submitted within 30 days after the alleged violation. The Town will conduct a thorough investigation of your concerns and attempt to resolve the issue within 30 days of receipt of your complaint.

All general questions or concerns about the Town's Language Access Plan should be sent to the Communication & Engagement Department at communications@carrbornc.gov

Complainant Information

*Required

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Telephone: _____

*Email: _____

*How do you prefer we contact you? (Choose one)

- Email
- Phone
- Mail (using address provided above)

*What language do you prefer to communicate in? _____

*Do you require language interpretation? If so, what language? _____

Complaint

*Date of incident: _____ *Location of incident: _____

*Nature of complaint:

- Failure to prominently display language access information in waiting/reception areas.
- Failure or refusal to identify your language needs.
- Failure to provide interpretation, translation or other language service.
- Discrimination based on limited English proficiency.



Other violation of the Language Access Plan policy.

Explain: _____

*Did staff offer interpretation and/or translation services?

Yes

No

*Did you alert staff of your language preference or the need for language services?

Yes

No

*Please describe what happened (attach more LEP pages if needed):

For Town Staff Filing Verbal Complaints Only:

If you are filling out this form on behalf of an LEP individual, please provide the following information:

Date Complaint Received: _____

Staff Name: _____

Department: _____

Staff Phone Number: _____

*Complainant Signature: _____

*Date: _____

By submitting this form, you acknowledge that submission does not constitute filing of charges and certify that all information is accurate to the best of your knowledge.

For Department Use Only

Date Received: _____

Action Taken: _____

