



NASSAU COUNTY POLICE DEPARTMENT
1490 FRANKLIN AVENUE MINEOLA, NEW YORK 11501

languageaccess@pdcn.org

516-573-7360

Nassau County Police Department's policy is to take reasonable steps to overcome language barriers to public services and programs. Our goal is to: 1) Talk to you in your language and 2) Provide vital forms in your language. Your comments will help us achieve our goals. All information is confidential. Please mail completed form to above postal or e-mail address.

Language Access Recommendation Form

Person making the complaint:

First name: _____ Last name: _____

Street Address: _____

City, Town or Village: _____ State: _____ Zip code: _____

Preferred Language: _____ E-mail address (if available) _____

Home phone: _____ Other phone: _____

Is someone else helping you file this complaint? Yes No

If 'Yes', include their: First name: _____ Last name: _____

What was the problem? Check all the boxes that apply and explain below.

I was not offered an interpreter I asked for an interpreter and was denied

The interpreter(s) or translator(s) skills were not good (List their names, if known)

I was not provided the appropriate forms or notices Other (Explain below)

When did problem happen? Date (MM/DD/YYYY): _____ Time: _____ A/M P/M

Where did problem happen? _____

Describe what happened. Be specific. use additional pages as needed. Print your name on each sheet.
List language, services and documents needed. Include names, addresses and phone numbers of people involved, if known.

Did you complain to anyone from the Department? Who and what was the response? **Please be specific,**

I certify that this statement is true to the best of my knowledge and belief.

Signature: _____ Date (MM/DD/YYYY): _____

(Person making the complaint)

Do not write in this box. For office use only.

Date: _____ Reviewer: _____
(Print Name)

Resolution: _____