



Know Your Rights Language Services at the DES and DWS

At the Department of Commerce, Division of Employment Security (DES) and Division of Workforce Solutions (DWS), **vital documents** are provided in Spanish, Chinese (Mandarin), French, Vietnamese, Haitian Creole, Arabic, Hmong, Korean, Hindi, and Russian. **Language interpretation services** are provided in more than 200 languages.

What should I expect if I contact DES and DWS?

DES and DWS provide interpretation services to assist you at no cost to you. This includes all DWS Workforce Career Centers, and DES Customer and Employer Call Centers.

A poster called **Your Right to an Interpreter** are displayed at your Local Workforce Career Centers. The poster says “Point to your language. An interpreter will be called. The interpreter is provided at no cost to you” in more than 30 languages.

If you do not see this poster in your local office, please ask about it. Also, language services are available by phone. Call **1-888-737-0259** to receive free interpreter services via our DES Customer and Employer Call Centers.

Did you have a good language services experience at the DES and DWS?

Do you want to tell us about how one of our staff helped you? Call Government and Public Relations at 1-888-737-0259.

Who is monitoring services?

DES and DWS has Language Access Coordinators to monitor the agency’s Language Access services to the public. The Department of Commerce, Division of Employment Security Language Access Coordinator contact information is:

Language Access Coordinator:

Larry Parker

Office phone: (919) 707-1010

Email: larry.parker@nccommerce.com

Fax: (919) 733-9420

Mailing address:

700 Wade Ave

Raleigh, NC 27611-5903

Your Right to an Interpreter		You have the right to an interpreter at no cost to you. Please point to your language. An interpreter will be called. Please wait.	
Español <input type="checkbox"/>	Chinese (Mandarin) <input type="checkbox"/>	Tiếng Việt <input type="checkbox"/>	Français <input type="checkbox"/>
Shqip <input type="checkbox"/>	Arabic <input type="checkbox"/>	한국어 <input type="checkbox"/>	Հայերեն <input type="checkbox"/>
Български <input type="checkbox"/>	Creole (Haitian) <input type="checkbox"/>	中文 <input type="checkbox"/>	Հայերեն <input type="checkbox"/>
فارسی <input type="checkbox"/>	Français <input type="checkbox"/>	Deutsch <input type="checkbox"/>	Ελληνικά <input type="checkbox"/>
Kreyòl Ayisyen <input type="checkbox"/>	Hebrew <input type="checkbox"/>	हिन्दी <input type="checkbox"/>	Hmoob <input type="checkbox"/>
Italiano <input type="checkbox"/>	日本語 <input type="checkbox"/>	한국어 <input type="checkbox"/>	한국어 <input type="checkbox"/>
עברית <input type="checkbox"/>	فارسی <input type="checkbox"/>	Jezyk Polski <input type="checkbox"/>	Português <input type="checkbox"/>
Русский <input type="checkbox"/>	Srpsko-Hrvatski jezik <input type="checkbox"/>	Soomaali <input type="checkbox"/>	Español <input type="checkbox"/>
Српски <input type="checkbox"/>	Tagalog <input type="checkbox"/>	Українська <input type="checkbox"/>	



Division of Commerce, Division of
 Employment Security
 700 Wade Ave
 Raleigh, NC 27611-5903
 888-737-0259 (phone) | (919) 733-9420 (fax)

Access to Services in Your Language: Complaint Form

The Department of Commerce, Division of Employment Security's policy is to take reasonable steps to overcome language barriers to public services and programs. To do this, our goal is to: 1) Talk to you in your language and 2) Provide vital forms and documents in the four, most frequently used languages, in addition to English. Your comments on this form will help us towards that goal. **All information is confidential.**

Please print, and sign the form with black ink. Then send it by mail or fax as written above.

Person making the complaint: Claimant identification number, if available: _____
 First name: _____ Last name: _____
 Street address: _____
 City, Town or Village: _____ State: _____ Zip code: _____
 Preferred language: _____ Email 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)
- The interpreter(s) made rude or inappropriate comments
- The services took too long (Explain below)
- I was not given forms or notices in a language I can understand (List documents needed below)
- I was unable to use services, programs or activities (Explain below)
- Other (Explain below)

When did problem happen? Date (MM/DD/YYYY): _____ Time: _____ AM PM

Where did problem happen? _____

Describe what happened. Please 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/Agency? 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: _____ Resolution: _____
 Reviewer: _____