



**LANGUAGE ACCESS COMPLAINT  
CITY OF BLACKFOOT**

\_\_\_\_\_  
**Name (Printed)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Phone**

( ) Cell ( ) Home ( ) Work

\_\_\_\_\_  
**Email Address**

**Submitted on behalf of:** \_\_\_ Self \_\_\_ Another person (First & Last Name) \_\_\_\_\_

Your comments on this Language Access Complaint will help us to improve the City of Blackfoot's language access services for limited English proficient (LEP) persons. We will contact you within 30 days.

My first language is: \_\_\_\_\_

My complaint is regarding:

\_\_\_ Forms \_\_\_ Meetings \_\_\_ Services \_\_\_ Other

Please provide details of your complaint below. Feel free to add an extra page if needed: