

LEP COMPLAINT FORM

This form may be used to file a complaint with the City of Ann Arbor based on purported violations of the Limited English Proficiency Plan. You are not required to use this form; a letter that provides the same information is sufficient to file your complaint. If you need assistance completing this form due to a physical impairment please contact us by phone at (734) 794-6120 or FAX (734) 994-5961.

Only the complainant or the complainant's designated representative should complete this form.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone:

Home: _____ Work: _____ Fax: _____

Explain: Please explain as clearly as possible what happened. Include how, when, where and why you believe you have received unsatisfactory service. Provide the location, names and contact information of any witnesses and others involved in the alleged discrimination. (Attach additional sheets if necessary and provide a copy of written materials pertaining to your case)

Note: The laws enforced by this department prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

City of Ann Arbor
Human Resources Department
Attn: Robyn Wilkerson
301 E. Huron St., P.O. Box 8647
Ann Arbor, MI 48107-8647
Phone: (734) 794-6120
Email: rwilkerson@a2gov.org