



**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:

Gregory Austin
Human Resources Director
ADA Coordinator / Fair Housing Officer

Submit your complaint via email to: gaustin@cityofblackfoot.org

OR Via Fax to: 208-785-8602

OR bring to City Hall at 157 N Broadway, Blackfoot, ID 83221