



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"/>
हिन्दी <input type="checkbox"/>	Portuguese <input type="checkbox"/>	Deutsch <input type="checkbox"/>	Ελληνικά <input type="checkbox"/>
Kreyòl Ayisyen <input type="checkbox"/>	Hebrew <input type="checkbox"/>	සිංහල <input type="checkbox"/>	Hmoob <input type="checkbox"/>
Italiano <input type="checkbox"/>	日本語 <input type="checkbox"/>	فارسی <input type="checkbox"/>	Português <input type="checkbox"/>
Հայերեն <input type="checkbox"/>	Русский <input type="checkbox"/>	Српско-Хрватски језик <input type="checkbox"/>	Español <input type="checkbox"/>
Swahili <input type="checkbox"/>	Tagalog <input type="checkbox"/>	Сомали <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? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' include their:			
First name: _____		Last name: _____	
What was the problem? Check all the boxes that apply and explain below.			
<input type="checkbox"/>	I was not offered an interpreter		
<input type="checkbox"/>	I asked for an interpreter and was denied		
<input type="checkbox"/>	The interpreter(s) or translator(s) skills were not good (List their names, if known)		
<input type="checkbox"/>	The interpreter(s) made rude or inappropriate comments		
<input type="checkbox"/>	The services took too long (Explain below)		
<input type="checkbox"/>	I was not given forms or notices in a language I can understand (List documents needed below)		
<input type="checkbox"/>	I was unable to use services, programs or activities (Explain below)		
<input type="checkbox"/>	Other (Explain below)		
When did problem happen? Date (MM/DD/YYYY): _____		Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> 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:		Reviewer:	
Resolution:			