



LEP Complaint Form

If you requested language assistance such as an interpreter and you feel you received unsatisfactory service, you can use this form to file a complaint with the St. Clair County Health Department. You are not required to use this form; a letter that provides the same information is sufficient to file your complaint.

Deliver or mail to: LEP Coordinator, St. Clair County Health Department, 19 Public Square, Suite 150, Belleville, IL 62220. You can also file a complaint with the Federal Coordination and Compliance Section – NWB, Civil Rights Division, U.S. Department of Justice, 950 Pennsylvania Ave. N.W., Washington, D.C. 20530.

If you need assistance completing this form please contact the LEP Coordinator by phone at (618) 233-7703.

Complainant Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

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. (You may attach additional sheets if necessary).

Complainant Signature

Relationship

Date