

LANGUAGE ASSISTANCE FEEDBACK REPORT

CHICAGO POLICE DEPARTMENT

DATE SUBMITTED

INSTRUCTIONS: PLEASE PRINT OR TYPE. COMPLETE THIS FORM AS COMPLETELY AS POSSIBLE. PRINTED FORMS CAN BE MAILED TO : LANGUAGE ACCESS, C/O SPECIAL ACTIVITIES SECTION, 3510 SOUTH MICHIGAN AVENUE, CHICAGO, ILLINOIS 60653, OR EMAILED TO LanguageAccess@chicagopolice.org.

CONTACT INFORMATION (Required)

PRINT NAME (LAST - FIRST - M.I.)		SIGNATURE	
STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	TELEPHONE NO.		

INCIDENT INFORMATION (Required)

DATE OF INCIDENT	TIME OF INCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCATION OR ADDRESS
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LANGUAGE NEEDED (Check one box)

SPANISH POLISH CHINESE ARABIC OTHER (Specify) _____

LANGUAGE ACCESSIBILITY DETAILS (Required, check all boxes that apply.)

- LACK OF SIGNS INFORMING THE PUBLIC OF INTERPRETATION SERVICES.
INDICATE LOCATION AND LANGUAGE: _____
- LACK OF FORMS/MATERIALS IN A LANGUAGE I CAN UNDERSTAND.
GIVE FORM/MATERIAL NUMBER, NAME OR DESCRIPTION: _____
- THE TRANSLATION OF THE FORM OR INFORMATION I RECEIVED HAS MISTAKES.
GIVE FORM/INFORMATION NUMBER, NAME OR DESCRIPTION: _____
- THE TRANSLATION OF THE FORM OR INFORMATION I RECEIVED HAS MISTAKES.
DESCRIBE DOCUMENT OR INFORMATION: _____
DESCRIBE MISTAKES: _____
- LACK OF BILINGUAL PERSONNEL.
- I WAS NOT OFFERED AN INTERPRETER.
- I RECEIVED INTERPRETATION (Indicate type). _____
 - CPD INTERPRETER (Name or Star Number, if known) _____
 - THIRD PARTY INTERPRETER (Name or Employee Number, if known) _____
- PLEASE RATE YOUR INTERPRETER'S SKILL LEVEL. (Check one box.)
 - EXCELLENT VERY GOOD GOOD FAIR
- THE INTERPRETER TREATED ME WITH COURTESY AND RESPECT. (Explain.) _____
- THE INTERPRETER MADE RUDE OR INAPPROPRIATE COMMENTS. (Explain.) _____
- THE SERVICES TOOK TOO LONG (Explain.) _____
- I WAS UNABLE TO USE SERVICES, PROGRAMS OR ACTIVITIES. (Explain.) _____
- OTHER COMPLIMENT OR CONCERN RELATED TO LANGUAGE ACCESS. (Explain.) _____

ADDITIONAL COMMENTS, CONCERNS, INFORMATION

语言协助反馈报告

芝加哥警察局

提交日期

说明: 请正楷填写或打印。尽可能完整填写此表。打印好的表格可邮寄至: LANGUAGE ACCESS, C/O SPECIAL ACTIVITIES SECTION, 3510 SOUTH MICHIGAN AVENUE, CHICAGO, ILLINOIS 60653, 或发送电子邮件至 LanguageAccess@chicagopolice.org。

联系信息 (必填)

正楷姓名 (姓 - 名 - 中间名缩写)		签名	
街道地址	市	州	邮政编码
电子邮箱		电话号码	

事件信息 (必填)

事件发生日期	事件发生时间 <input type="checkbox"/> 上午 <input type="checkbox"/> 下午	地点或地址
所需语言 (勾选一项) <input type="checkbox"/> 西班牙语 <input type="checkbox"/> 波兰语 <input type="checkbox"/> 中文 <input type="checkbox"/> 阿拉伯语 <input type="checkbox"/> 其他语言 (请具体说明) _____		

语言可及性详情 (必选, 勾选所有适用项。)

- 缺少用于告知公众翻译服务的标志。
注明地点和语言: _____
- 缺少我能理解之语言版本的表格/材料。
提供表格/材料编号、名称或描述: _____
- 表格的翻译版本或我收到的信息有误。
提供表格/材料编号、名称或描述: _____
- 表格的翻译版本或我收到的信息有误。
描述相关文件和信息: _____
描述相关错误: _____
- 缺少双语工作人员。
- 我没有获得口译员协助。
- 我获得了口译服务 (注明类型)。 _____
 - CPD 口译员 (如已知, 请提供其姓名或星数) _____
 - 第三方口译员 (如已知, 请提供其姓名或员工编号) _____
请评价为您服务的口译员的技能水平。 (勾选一项。)
 非常好 很好 好 一般
 - 口译员对我以礼相待, 恭敬有加。 (详细说明。) _____
 - 口译员发表不礼貌或不恰当的言论。 (详细说明。) _____
- 服务花费的时间太长 (详细说明。) _____
- 我无法获取相关服务、计划或活动。 (详细说明。) _____
- 与语言协助有关的其他投诉或顾虑。 (详细说明。) _____

其他评论、疑虑、信息