

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