

4. Are there other individuals or organizations involved in this LEP complaint?

- Yes
- No

If yes, please provide their name, telephone number, and address below:

Name: _____

Phone #: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code

5. Describe the nature of the interaction and any suspected violations:

6. Explain in detail what happened, when, and how the person(s) or entity denied meaningful access to a GEMA/HS or sub-recipient service, activity, program, or other benefit.

7. What other information do you think might be helpful to an investigation?

8. Please list below any persons (witnesses, people involved, or others) who have direct knowledge of the situation that might be able to provide information to support or clarify the complaint:

Name: _____

Phone #: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code