



# CMS Disability Access and Language Access Complaint Form

Federal and State laws and regulations require the State of Illinois to comply with all nondiscrimination laws, including but not limited to the federal Civil Rights Act of 1964, the Americans with Disabilities Act, and the Illinois Human Rights Act. This includes ensuring that all individuals can meaningfully access State of Illinois services, benefits, and programs. If you feel you have been denied and/or restricted access to CMS services, benefits, or programs on the basis of your disability, or because you do not speak English or English is not your primary language, please complete this form and submit to: CMS Disability Access and Language Access Coordinator, 313 South 6th Street, 3rd Floor, Springfield IL 62701.

## Information About You

### Your Name and Address:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

### Your Telephone Numbers(s) and Email:

Home \_\_\_\_\_  
Alternate \_\_\_\_\_  
When is a convenient time to contact you?  
AM PM  
Email \_\_\_\_\_

## Basis of Complaint

Please check all that apply

- Disability       Language Access

## Information About Your Complaint

Please identify the CMS Office (or other location) where the incident(s) about which you are complaining occurred:

Please identify, as best you can, the CMS employee(s) and/or other person(s) involved in the incident(s):

Please identify the approximate time(s) and date(s) when the incident(s) occurred:

Please describe your problem or concern. Be sure to include such information as: who was involved and what they did and/or said, including any offensive or derogatory language used; if you feel that you, or another, were treated differently than others; if you tried and were not able to access CMS information or services; and any other information you think is important. If you require additional space or have additional written material pertaining to your complaint, please attach to this form.

Do you have witnesses who have information about your complaint? If so, please state their names, addresses, and phone numbers.

Name	Address	Telephone Number

## Language Access

Please complete this section if your complaint concerns access to government services in the language that you speak or write.

1. What language(s) do you speak? \_\_\_\_\_
2. Do you read and write in your language? \_\_\_\_\_
3. Did you have help completing this form? \_\_\_\_\_

If you answered "Yes" to #3, please list the name and contact information for the person who assisted you: \_\_\_\_\_

I certify that I have read this complaint, and that the information that I have provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date