Know Your Rights
Language Services at the DES and DWS

At the Department of Commerce, Division of Employment Security (DES) and Division of Workforce Solutions (DWS), vital documents are provided in Spanish, Chinese (Mandarin), French, Vietnamese, Haitian Creole, Arabic, Hmong, Korean, Hindi, and Russian. Language interpretation services are provided in more than 200 languages.

What should I expect if I contact DES and DWS?
DES and DWS provide interpretation services to assist you at no cost to you. This includes all DWS Workforce Career Centers, and DES Customer and Employer Call Centers.

A poster called Your Right to an Interpreter are displayed at your Local Workforce Career Centers. The poster says “Point to your language. An interpreter will be called. The interpreter is provided at no cost to you” in more than 30 languages.

If you do not see this poster in your local office, please ask about it. Also, language services are available by phone. Call 1-888-737-0259 to receive free interpreter services via our DES Customer and Employer Call Centers.

Did you have a good language services experience at the DES and DWS?
Do you want to tell us about how one of our staff helped you? Call Government and Public Relations at 1-888-737-0259.

Who is monitoring services?
DES and DWS has Language Access Coordinators to monitor the agency’s Language Access services to the public. The Department of Commerce, Division of Employment Security Language Access Coordinator contact information is:

Language Access Coordinator:
Larry Parker
Office phone: (919) 707-1010
Email: larry.parker@nccommerce.com
Fax: (919) 733-9420
Mailing address:
700 Wade Ave
Raleigh, NC 27611-5903

The Department of Commerce, Division of Employment Security is an Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.
Access to Services in Your Language: Complaint Form

The Department of Commerce, Division of Employment Security’s policy is to take reasonable steps to overcome language barriers to public services and programs. To do this, our goal is to: 1) Talk to you in your language and 2) Provide vital forms and documents in the four, most frequently used languages, in addition to English. Your comments on this form will help us towards that goal. All information is confidential.

Please print, and sign the form with black ink. Then send it by mail or fax as written above.

Person making the complaint: Claimant identification number, if available: ______________________
First name: ______________________ Last name: ______________________
Street address: ______________________
City, Town or Village: ______________________ State: ____ Zip code: ________
Preferred language: ______________________ Email address, if available: ______________________
Home phone: ______________________ Other phone: ______________________

Is someone else helping you file this complaint?  [ ] Yes  [ ] No  If ‘Yes,’ include their:
First name: ______________________ Last name: ______________________

What was the problem? Check all the boxes that apply and explain below.

[ ] I was not offered an interpreter
[ ] I asked for an interpreter and was denied
[ ] The interpreter(s) or translator(s) skills were not good (List their names, if known)
[ ] The interpreter(s) made rude or inappropriate comments
[ ] The services took too long (Explain below)
[ ] I was not given forms or notices in a language I can understand (List documents needed below)
[ ] I was unable to use services, programs or activities (Explain below)
[ ] Other (Explain below)

When did problem happen? Date (MM/DD/YYYY): ____________ Time: ____________ [ ] AM [ ] PM
Where did problem happen?

Describe what happened. Please be specific. Use additional pages as needed. Print your name on each sheet. List language, services and documents needed. Include names, addresses and phone numbers of people involved, if known.

Did you complain to anyone from the Department/Agency? Who and what was the response? Please be specific.

I certify that this statement is true to the best of my knowledge and belief.

Signature: ______________________ Date (MM/DD/YYYY): ______________________
(Person making the complaint)

Do not write in this box. For office use only

Reviewer: ______________________

Date: ______________________ Resolution: ______________________