LANGUAGE ACCESS REPORTING TOOL

LEP Services by Division/Office

Department/Agency _____

Period Covered: Quarter/FY _____

Contact Person_____ Phone No._____

Division/Office	LEP Encounters (#)	Type of Services Provided to LEP Customers (#)					Frequency of Services to LEP Customers (#)					Interpreter Type Utilized (#)					Customer Satisfied?		Number & Type of Complaints (#)									# of Documents Translated		Language Services Expenditures (#)						
		Oral Interpretation (in person)	Oral Interpretation (by phone)	Written Translation	Oral Sight Translation	Other	One Time	Twice	Weekly	Monthly	Other	Bilingual Staff	Family Member or Friend	Telephone Language Line	Contracted Interpreter	Other	Yes	No/Unknown/Other	Interpreter Not Provided	Document Not Translated	Oral Translation Not Provided	Services Not Timely	Interpreter Not Competent	Erroneous Translation	Other	# Resolved	Average Time	Vital Documents	Documents Translated Upon Request	Written Translations Requested	Written Translations of Basic Documents	Oral Translation Services	Interpretation Services (in person)	Telephone Interpretation Services	Other	Amount ($)
Total:																																				
% of Total:																																				

LANGUAGE ACCESS REPORTING TOOL

LEP Services by Language **Department/Agency** _____ **Period Covered: Quarter/FY** _____

Contact Person_____ **Phone No.**_____

Language	LEP Encounters (#)	Type of Services Provided to LEP Customers (#)					Frequency of Services to LEP Customers (#)					Interpreter Type Utilized (#)					Customer Satisfied?		Number & Type of Complaints (#)									# of Documents Translated		Language Services Expenditures (#)						
		Oral Interpretation (in person)	Oral Interpretation (by phone)	Written Translation	Oral Sight Translation	Other	One Time	Twice	Weekly	Monthly	Other	Bilingual Staff	Family Member or Friend	Telephone Language Line	Contracted Interpreter	Other	Yes	No/Unknown/Other	Interpreter Not Provided	Document Not Translated	Oral Translation Not Provided	Services Not Timely	Interpreter Not Competent	Erroneous Translation	Other	# Resolved	Average Time	Vital Documents	Documents Translated Upon Request	Written Translations Requested	Written Translations of Basic Documents	Oral Translation Services	Interpretation Services (in person)	Telephone Interpretation Services	Other	Amount ($)
Total:																																				
% of Total:																																				
Cantonese																																				
Mandarin																																				
Ilokano																																				
Tagalog																																				
Visayan (Cebuano)																																				
Japanese																																				
Korean																																				
Thai																																				
Vietnamese																																				
Chuukese																																				
Kosraean																																				
Marshallese																																				
Other Micronesian																																				
Hawaiian																																				
Tongan																																				
Samoan																																				
Spanish																																				
Portuguese																																				
Other																																				
ASL																																				

LANGUAGE ACCESS REPORTING TOOL

LEP Services by Division/Office

_____
Department/Agency

Division/Office	LEP Encounters (#)	Languages																			
		Cantonese	Mandarin	Ilokano	Tagalog	Visayan (Cebuano)	Japanese	Korean	Thai	Vietnamese	Chuukese	Kosraeaan	Marshallese	Other Micronesian	Hawaiian	Tongan	Samoan	Spanish	Portuguese	Other	ASL
Total:																					
% of Total:																					