



Division of Housing

Limited English Proficiency (LEP) Request Form

Name: _____

Address: _____
City State Zip Code

Email Address: _____ Phone: _____

I hereby request the following LEP services because I do not speak English as my primary language and I have limited ability to read, speak, write and understand the English language:

Additional Time (to complete the application and qualification examination).

Interpretation Services

Interpreter Language:

- Spanish German Russian
 Chinese French Korean

Translation Services

Document Title: _____

Translated Language:

- Spanish German Russian
 Chinese French Korean

Signature _____ Date _____

Staff Use Only:

Staff Name: _____ Title: _____

Date LEP Request Received: _____ Date LEP Service Provided: _____



The City of Boulder, Division of Housing does not and shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status.



Division of Housing

Limited English Proficiency (LEP) Complaint Form

Name: _____

Address: _____
City State Zip Code

Email Address: _____ Phone: _____

Please describe the nature of your complaint:

Multiple horizontal lines for describing the complaint.

Signature _____ Date _____

Staff Use Only:

Staff Name: _____ Title: _____

Date Complaint Received: _____ Date of Resolution: _____



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