



Limited Language Proficiency (LEP) Report

USE OF FORM: This form should be used to record and report communications with or requests for services from individual and / or entities in need of language services. If there is a language barrier between City of Garrett employees in an individual or group interaction, please provide as much information regarding the interaction as possible on this form.

TRANSMITTAL: Please complete this form and deliver it to the City of Garrett Title VI Coordinator:

Milton Otero
 Title VI/ADA Program Manager
 130 S. Randolph St.
 Garrett, IN 46738
 260-357-4154
planning@garrettindiana.us

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| Date of Form Completion: | City of Garrett Employee Completing Form: | City of Garrett Employee Job Title/Role: | City of Garrett Employee Work Phone #: |
| Date of LEP Issue: | Was there a request for language services? <input type="checkbox"/> YES <input type="checkbox"/> NO | If requested, by whom: | City of Garrett Employee email address: |
| Contact Type: | | Level of Language Barrier: | |
| <input type="checkbox"/> Individual face-to-face <input type="checkbox"/> Individual by phone <input type="checkbox"/> Individual in writing <input type="checkbox"/> Agency-sponsored Public Meeting <input type="checkbox"/> Event (describe below) <input type="checkbox"/> Contact by outside organization <input type="checkbox"/> Other (please describe below) | | <input type="checkbox"/> Communication was not possible <input type="checkbox"/> Communication was significantly impaired <input type="checkbox"/> Communication was partially possible <input type="checkbox"/> Communication was possible due to interpretation provide by a non-City of Garrett employee sponsored interpreter Was this interpreter a minor? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Communication was possible due to language service provided by interpreter or translator retained by City of Garrett or the forum in which the services were required | |
| Number of people requiring language services: | | | |
| Language for which LEP services were required: | How was this determined: | Type of services needed: (check all that apply) | |
| | <input type="checkbox"/> I speak Cards <input type="checkbox"/> Self-identified <input type="checkbox"/> Other (describe) | <input type="checkbox"/> In person interpretation <input type="checkbox"/> Telephone interpretation <input type="checkbox"/> Written material translation <input type="checkbox"/> Other | |