



**Georgia Department
of Human Services**

**Limited English Proficiency/Sensory Impairment (LEP/SI) Program
Language Access / Sensory Impairment (SI) Vendor Feedback Form**

Employee name:	
Email:	
Telephone number:	
Division:	
Local office name/number:	
Date of scheduled service:	
Date of incident:	
Time of incident:	
Language requested:	
Vendor name:	
Name of interpreter/staff:	
Interpreter ID number:	
Description of incident:	

Please complete and return to the DHS LEP/SI Program Office: Lepsi@dhs.ga.gov

Language Access/SI Vendor Feedback Form Instructions

1. Please complete the form as much as possible and send it back to Lepsi@dhs.ga.gov, or

You can submit the vendor complaint directly to the Department of Administrative Services (DOAS) which handles all STATE CONTRACTED vendor complaints and deals directly with the vendors. You can submit a complaint by going to: https://service.doas.ga.gov/app/answers/detailopa/a_id/1075 (You will need to create an account using your work email in order to submit a complaint.)

2. If submitting the Language Access/SI Vendor Feedback Form to the DHS LEP/SI office, once received, the LEP/SI program manager will submit the complaint to DOAS on behalf of the employee submitting the complaint. The LEP/SI office will work with the employee to find a resolution regarding the complaint.
3. If submitting the complaint directly with DOAS, DOAS may contact the employee for further details, if needed, and may assist in finding a resolution for the complaint.
4. The LEP/SI office will maintain records of all vendor complaints that have been received by this office. This information will be useful and may determine if contracts will be renewed for contracted language access vendors.
5. If you have any questions or unsure about the feedback process, please contact the DHS LEP/SI Program Office at Lepsi@dhs.ga.gov.