Department of Homeless Services
Department of Social Services

FORMULEERU DUGAL JÀMBAT
(Wolof)

Nit ki amna sañ-sañu dugal jàmbat te baña ragal ñu koy topp ci loolu wala ñu koy xañ dëkkuwaay.

Tegtal yi: Kiliyaan yi ñoo wara mottali **Seksioŋ I** ba noppi jébbal formileer bii ak bépp këyit bu ko jàppale ci kilifag Programm bi/Liggéeyukaay bi, wala Ki yor dosiyeem. Sudee liñ bind ci këyit wii dafa soxal Direktër bi wala Ki yor dosiye bi, Kiliyaan yi dañu wara jox formuleer bii waa Department of Social Services (DSS) Office of the Ombudsman, 109 East 16th Street, 8th Floor, New York, NY 10003.

Bépp Direktër wala liggéeykatu Ombudsman, bu jot formuleer bu mat dafa wara mottali **Sektioŋ II** and return it to the Constituent within seven (7) business days.

<u>Seksioŋ I</u> (Kiliyaan bi moo ko wara mottali):

Tur wi: _____

Adres/Barab/Programm: _____

Nimero Kaarange Askan/Dosiye: _____ Telefon: _____

Siñaatiir: _____ Bis bi: _____

Joxeel leeral ci jàmbat bi (boolewaale ci yeneen këyit yi ciy àndaale ak bépp këyitu firnde bu war):

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(Wëlbatil xët wi)

<u>Seksion II</u> (Direktër bi wala Ombudsman, liggéeykat yi ñoo ko wara mottali ci diiru juróom ñaari [7] fan):

Tur wi/Titre bi: _____

Barab bi/Programm bi: _____

Adres: _____

Telefon: _____ Bis bi ñu jotee jàmbat bi: _____

Siñaatiir: _____ Bis bi: _____

Leeral yiñ bind wala Saafara wu tontu li (boolewaale ci yeneen këyit yi ciy àndaale ak bépp këyitu firnde bu war):