

Over the Phone Language Services: Report of Usage

Your name: _____

MassHire Career Center DUA DIA MDCS UI Call Center UI Hearings DFML

Name of MassHire Career Center (if applicable): _____

Date and time of call: _____

Approximate duration of call: _____

Hours: _____

Minutes: _____

Language requested: _____

Services provided: _____

How would you rate the Language Line services? Excellent Very Good Good Fair Poor

Comments: _____

After completing the form, save it and **email it to Marisa.delaPaz@detma.org**