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|  | OFFICE OF DEAF AND HARD OF HEARING (ODHH)  **ODHH Approved Sign Language Interpreter  Complaints** | | |
| **Complainant Information** | | | |
| COMPLAINANT’S NAME | | | |
| ADDRESS CITY STATE ZIP CODE | | | |
| PHONE NUMBER (WITH AREA CODE)  **(     )**  Text  VP | | | EMAIL ADDRESS |
| **Interpreter Information** | | | |
| ODHH APPROVED INTERPRETER’S NAME | | | |
| If you don’t know the interpreter’s name, describe what he/she looks like the best you can. | | | |
| **Complaint Description** | | | |
| DATE OF SITUATION | | LOCATION WHERE SITUATION OCCURRED | |
| Describe situation: You can write, ask someone else to write for you, or attach a video expressing situation on your preferred language.  State the details of the incident, including time, location, names of any people who witnessed the incident. Attach any documents or correspondence related to the complaint. Use additional pages as necessary. | | | |
| **Signature** | | | |
| COMPLAINANT’S SIGNATURE DATE | | | |
| NAME AND CONTACT INFORMATION OF PERSON HELPING YOU FILL OUT THIS FORM | | | |
| Mail completed form to: OFFICE OF THE DEAF AND HARD OF HEARING  PO BOX 45301  OLYMPIA WA 98504-5301 | | | |