

**Complainant Information**

Your name:			Name of interpreter:		
Address:			Address:		
City:	State:	ZIP code:	City:	State:	ZIP code:
Home phone number:			Phone number:		
Cell phone number (optional):					
Email address:					

**Complaint Description**

What agency or council provided interpreter services?

Date of incident:	Have you complained to the services provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
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State the details of the incident including the time, location, and names of any individuals who witnessed the incident. Attach any documents or correspondence relating to the complaint. Use additional pages as necessary.

**Signature**

<b>X</b> _____	
<b>Complainant's signature</b>	<b>Date (mm/dd/yy)</b>

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