



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) () <input type="checkbox"/> Text <input type="checkbox"/> 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
<p>Describe situation: You can write, ask someone else to write for you, or attach a video expressing situation on your preferred language.</p> <p>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.</p>	
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