**ODHH Approved Sign Language Interpreter Complaints**

### Complainant Information

<table>
<thead>
<tr>
<th>COMPLAINANT’S NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tr>
<th>PHONE NUMBER (WITH AREA CODE)</th>
<th>EMAIL ADDRESS</th>
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### 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

ODHH APPROVED SIGN LANGUAGE INTERPRETER COMPLAINTS

DSHS 17-238 (12/2016)