



Arizona Commission for the Deaf and the Hard of Hearing
100 N. 15th Ave, Suite 104, Phoenix, AZ 85007
602-542-3323 V/TTY 602-542-1320 Fax

INTERPRETER LICENSE COMPLAINT FORM

A.R.S. R9-26-512 (B) (2)
Submit the complaint to the Commission
within 90 days of the alleged offense

INSTRUCTIONS FOR COMPLETING THE COMPLAINT FORM

To complain about service by a professional licensed to practice by the State of Arizona, or about the illegal practice of interpreting by an unlicensed person, complete the COMPLAINT form below and send it to the Commission at the address noted at the top of the form.

Describe your complaint as completely as you can. If you do not have a daytime telephone number, it is helpful if you can provide a number where a message can be left for you during the day. You can send your videotape to us with this form. If you have any papers which may support your complaint, such as correspondences, please attach copies. Do not send originals. If you have physical evidence, it is important for you to retain that evidence in its original condition.

Be sure to sign and date your complaint. When your complaint is received, a copy, along with a letter from the Commission requesting a response to the complaint, will be sent to the interpreter. You will be contacted if any additional information is needed.

Also, complete the AUTHORIZATION form by entering your name and the name of the interpreter and/or organization in the appropriate spaces. The Authorization directs the professional, organization, or facility to release information about the services rendered to you. Sign and date the Authorization, and have it dated and signed by a witness. A witness can be any person 18 years or older. The Authorization does not have to be notarized. A completed Authorization helps us investigate your complaint in a timely manner.

- Is this complaint for?**
- Licensed Interpreter Unlicensed Interpreter Inquiries only

This form should be completed and mailed to the address above. A videotape may accompany this form. Type or print clearly in black ink.

INFORMATION ABOUT YOU

Name _____

Address _____

City _____ State _____ Zip _____ County _____

Telephone: Day (____) _____ Evening (____) _____

Email address: _____

INFORMATION ON THE PERSON(S) YOU ARE COMPLAINING ABOUT

Name _____

Profession _____ Telephone (____) _____

Place incident(s) Occurred _____

Address _____

City _____ State _____ Zip _____ County _____

Describe your complaint here. Be specific. What happened? When? Where? Use black ink or type. Use additional sheets if necessary. Please read instructions carefully before describing your complaint.

Name and phone number of persons who may provide additional information

1. Name _____ Telephone: () _____
 Type of Information _____

2. Name _____ Telephone: () _____
 Type of Information _____

3. Name _____ Telephone: () _____
 Type of Information _____

4. Name _____ Telephone: () _____
 Type of Information _____

Have you made a direct complaint to the provider of this service? Yes No
 To whom did you speak: _____ Date: _____

Have you received a response to your direct complaint? Yes No
 From whom: _____
 Action taken: _____

Have you complained to any other person or organization about the service?

Yes No

Please specify: _____

To the best of my knowledge, the information in this complaint is true and complete.

Check here if you have included additional sheets/material.

_____ Date _____
Signature

AUTHORIZATION

I, (print your name here) _____, request and authorize the below-named licensed professional or practitioner and/or any other licensed professional or practitioner, and the below named interpreter, organization or facility and/or any other organization or facility, to disclose fully to the Arizona Commission for the Deaf and Hard of Hearing and its authorized representatives all information and records relating to the incident(s) that occurred for and/or on my behalf, by the said licensed professional, practitioner, organization, or facility.

Name of practitioner(s) _____

Name of Organization/Facility _____

Your signature _____ Date _____

Signature of witness _____ Date _____

END OF COMPLAINT FORM

If mailing by mail:

Attention: **License Complaints Department** – Emmett Hassen
ACDHH
100 N. 15th Ave, #104
Phoenix, AZ 85007

If by fax:

Attention: Licensing and Certification Coordinator – Emmett Hassen
602-542-1320

**please either e-mail or call ACDHH and let Emmett know you have sent a fax, so we can confirm in receipt of your fax.*