



Office for Deaf and Hard of Hearing Services (DHHS)
Board for Evaluation of Interpreters (BEI) General Complaints

Complainant and Interpreter Information

Your Name:			Name of Interpreter:		
Address:			Address:		
City:	State:	ZIP Code:	City:	State:	ZIP Code:
Area Code and Home Phone No.:			Area Code and Home Phone No.:		
Area Code and Mobile Phone No.(optional):					
Email Address:					

Complainant Description

What agency or council provided interpreter services?

Date of Incident:	Have you complained to the services provider? <input type="radio"/> Yes <input type="radio"/> 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.

Signatures

Complainant's Signature _____	Date _____
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