

ILLINOIS DEAF AND HARD OF HEARING



COMMISSION 528 South 5th Street, Suite 209, Springfield, IL 62701 217/557-4495 (Voice) * 888/261-2698 (TTY) * 217/303-8010 (VP) www.idhhc.illinois.gov

COMPLAINT FORM

INFORMATION ABOUT YOU—In order to investigate your complaint, the following information must be provided. Upon receiving the complaint, IDHHC will send a letter verifying receipt					
Name					
Mailing Address	City		State	Zip Code	
Telephone Number - Where You Can Be Reached		Pager			
HomeWork		Email Address			
Cell VP					
INFORMATION ON INTERPRETER YOU ARE F Name	TLINGCO	AVIEL/AL	INT AGAINST		
Address	City		State	Zip Code	
DETAILS OF COMPLAINT					
Date of Event					
Have you contacted Interpreter about your complaint?	If Yes, when & how?				
Did Interpreter respond? □ YES □NO	Was any action taken?				
Did you complain to any other organization or entity? □ YES □NO	If Yes, when?				
Did the organization or entity take any action?					
ADDITIONAL WITNESSES – People who can prov Name	vide inform	ation ab	out the situation Telephone	l.	
Type of Information					
Name			Telephone		
Type of Information			· · · · ·		
Name			Telephone		
Type of Information					

BRIEF SUMMARY OF COMPLAINT – Please be specific as possible regarding names, dates, locations, and actions which you believe to be improper, unethical or unprofessional. You may use a video to briefly describe the summary of your complaint. You will still need to fill out all other sections of the form and sign and return to IDHHC.				
By signing this complaint form, I hereby certify that the information is complete and true to the best of ny knowledge.				
Signature Date				
f you had assistance in completing this form, please give the name and contact information of the erson.				
Jame:				
Contact Information:				

This form should be completed and mailed to:

Illinois Deaf and Hard of Hearing Commission Attn: Interpreter Complaint Department 528 South 5th Street, Suite 209 Springfield, IL 62701