



State of Hawaii  
Office of Language Access

# Complaint Form

## Contact Information

First Name	Last Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	City	State	Zip Code
<input type="text"/>			

Phone Number	E-mail
( <input type="text"/> )	<input type="text"/>

Are you filing the complaint for someone else?  YES\*  NO

\*If YES, who are you filing the complaint for?

First Name	Last Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	City	State	Zip code
<input type="text"/>			

Phone Number	E-mail
( <input type="text"/> )	<input type="text"/>

## Complaint Information

Who or what agency/organization do you believe denied you language assistance?

Street address, City, State, Zip code \_\_\_\_\_

In what language were you denied assistance? \_\_\_\_\_

List the date(s) when you were denied language assistance: \_\_\_\_\_

Nature of Problem:

- |   |   |
|---|---|
| <input type="checkbox"/> Interpreter was not provided         | <input type="checkbox"/> Translation was not competent      |
| <input type="checkbox"/> Translated material was not provided | <input type="checkbox"/> Language assistance was not timely |
| <input type="checkbox"/> Interpreter was not competent        | <input type="checkbox"/> Other: _____                       |

Describe what happened. Please be specific as possible. Use additional paper if needed.

\_\_\_\_\_  
\_\_\_\_\_

