



State of Hawaii  
Office of Language Access

## Withdrawal of Complaint

### 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	E-mail		
<input type="text"/>	<input type="text"/>		

### Complaint Information

Date complaint was filed

Nature of Complaint:

- |   |   |
|---|---|
| <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: _____                       |

### Statement

I hereby withdraw my complaint against \_\_\_\_\_  
(Name of the state agency or organization)

I make this withdrawal voluntarily and of my own free will, without coercion or duress from anyone.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Return Form to:

Office of Language Access  
830 Punchbowl Street, Room 322  
Honolulu, Hawaii 96813

### For Help or Questions:

E-mail: [Ola@doh.hawaii.gov](mailto:Ola@doh.hawaii.gov)  
Call: (808) 586-8730  
Neighbor Islands: 1 (866) 365-5955