State of Hawaii  
Office of Language Access

Withdrawal of Complaint

# Contact Information

First Name Last Name Middle Initial

  

Street Address City State Zip Code



Phone E-mail

 

# Complaint Information

Date complaint was filed

Click here to enter a date.

Nature of Complaint:

Interpreter was not provided  Translation was not competent

Translated material was not provided  Language assistance was not timely

Interpreter was not competent  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.

 Click here to enter a date.

Signature Date

# Return Form to: For Help or Questions:

Office of Language Access E-mail: Ola@doh.hawaii.gov

830 Punchbowl Street, Room 322 Call: (808) 586-8730

Honolulu, Hawaii 96813 Neighbor Islands: 1 (866) 365-5955