State of Hawaii  
Office of Language Access

Complaint Form

# Contact Information

First Name Last Name Middle Initial

  

Street Address City State Zip Code



Phone Number E-mail

 

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

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

First Last Middle Initial

  

Street Address City State Zip code



Phone Number E-mail

 

# 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:

Interpreter was not provided

Translated material was not provided

Interpreter was not competent

Translation was not competent

Language assistance was not timely

Other: .

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

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I certify that the information contained in this form is true to the best of my knowledge and belief. I agree to notify OLA if I change my address or telephone(s). I understand that I may withdraw my complaint at any time.

 Click here to enter a date.

Signature Date

# Return Form to: For Help or Questions:

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

1250 Punchbowl Street #201 Call: (808) 586-8730

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