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 Name | Last Name | 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
☐ Translation was not competent
☐ Translated material was not provided
☐ Language assistance was not timely
☐ Interpreter was not competent
☐ Other: _____

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

_____

_____

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.

Signature

Date

Return Form to:	For Help or Questions:
Office of Language Access 1250 Punchbowl Street, Room 201 Honolulu, Hawaii 96813	E-mail: doh.ola@doh.hawaii.gov Call: (808) 586-8730 Neighbor Islands: 1 (866) 365-5955