State of Hawaii
Office of Language Access

Withdrawal of Public Complaint

# Contact Information

First Name Last Name Middle Initial

Street Address City State Zip Code

Phone E-mail

# Complaint Information

Date complaint was filed

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.

Signature Date

# Return Form to: For Help or Questions:

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

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

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