



**NON-CERTIFIED INTERPRETER/SIGNER COMPLAINT FORM**

**INSTRUCTIONS:**

1. Before completing this form, please check the interpreter’s credentials on the DODHH website ([www.mcdc-dodhh.org](http://www.mcdc-dodhh.org))
2. This form should be completed by typing or printing in black ink. Please complete as much information as possible. You may include a videotape for page 2 “Description of Incident.”
3. After completing this form make an additional copy for you to keep. (Signature and date required)
4. Mail the completed form to:  

**MCDC-DODHH/Interpreter Complaint**  
**201 N. Washington Sq., Suite 150**  
**Lansing, MI 48913**
5. If an investigation is needed, DODHH will notify the individual a complaint has been filed.
6. The individual is given 14 business days to respond to the complaint, or supply proof that they are certified.
7. The organization and / or appointing authority that arranged the interpreter will also be notified of the complaint.
8. After DODHH processes your complaint, the complaint will be returned to you with a letter that you will need to send to the police department in the jurisdiction that the incident occurred.
9. A complaint must be filed within 120 calendar days of incident.

**COMPLAINANT INFORMATION**

**UNCERTIFIED SIGNER INFORMATION:**

|                            |                          |
|----------------------------|--------------------------|
| Your name:                 | Signer’s name:           |
| Address:                   | Address:                 |
| City, State, & Zip code:   | City, State, & Zip code: |
| Home Telephone/VP/TTY:     | Telephone:               |
| Business Telephone/VP/TTY: |                          |

**PROVISION OF SERVICES:**

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| Who set up the interpreter service? (Name & Contact information)                               |
| Did you make a direct complaint to the person that set up the interpreter service? (Yes or No) |
| If yes, when? (Date)   |
| Have you received a response to your direct complaint? (Yes or No)                             |
| If yes, from whom? (Name)  |
| What action was taken by the person responding to your direct complaint? (Response)            |

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|---|
| Did an interpreter referral agency provide this interpreter? YES / NO |
| If yes, what is the name of the interpreter referral agency?          |

**LOCATION & DATE OF INCIDENT:**

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|--|
| List FULL name of: agency/ business/company/ hospital/ public facility or school where the incident(s) occur?<br>(Place) |
| FULL Address:  |
| City, State, & Zip code:   |
| When did the incident(s) occur? (Date)   |

**DESCRIPTION OF INCIDENT:**

Describe what happen when the uncertified person provided or attempted to provide Sign Language interpreting services. Including the names of individuals who witnessed, time, location, and enclose any documents or correspondence relating to the complaint. Please use additional paper if needed, you may also submit this part of your complaint in Sign Language on a DVD.

Example: On June 1, 2009 I had appointment with Dr. Smith at 3:00 PM. Dr. Smith contacted ABC Interpreter Services to get an interpreter. Interpreter named John Doe showed up. His signing was very bad. I ask John Doe to show me his interpreter certification. John Doe said he does not have one. Dr. Smith and his secretary, Betty Carter witnessed John Doe trying to interpret for me. Dr. Smith office is located in Sebewaing, MI, 48000.

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|---|-------------------------|----------------------------|
| <b>List name and phone number of other persons who may have seen uncertified person interpreting.</b> |                         |                            |
| Name:   | Telephone/VP/TTY: ( ) - | What witnessed? (Describe) |
|   |                         |                            |
| Name:   | Telephone/VP/TTY: ( ) - | What witnessed? (Describe) |
|   |                         |                            |

**SIGNATURE & DATE:**

By my signature I attest that the above complaint and details are true and completed to the best of my knowledge.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

**AUTHORIZATION TO OBTAIN INFORMATION**

I, (print your name here) \_\_\_\_\_,

Request the below-named licensed professional and/or practitioner, agency or organization to disclose fully to the Division on Deaf and Hard of Hearing and its authorized representatives all information and records related to the above incident / complaint.

I further authorize the Division on Deaf and Hard of Hearing to assist me in pursuing criminal complaints against any individual and appointing authority that knowingly perform the services of a qualified interpreter and / or misrepresent themselves as a qualified Sign Language Interpreter without the appropriate credentials required to provide Sign Language interpretation in the State of Michigan.

Name of Practitioner \_\_\_\_\_

Name or Organization / Agency \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*DODHH INTERNAL USE ONLY\*\*\*\*\*

DATE RECEIVED STAMP

COMPLAINT # \_\_\_\_\_