



Bureau of Professional Licensing
 Investigations & Inspections Division
 Complaint Intake Section
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 241-0205
 Fax: (517) 241-2389
www.michigan.gov/bpl
BPL-Complaints@michigan.gov

STATEMENT OF COMPLAINT

DEAF, DEAFBLIND AND HARD OF HEARING QUALIFIED INTERPRETERS

Type or print legibly in ink. The Department has jurisdiction in only certain matters involving consumers and qualified interpreters in the area of the deaf persons' interpreters act. If the Department has jurisdiction over your complaint, an investigation will be conducted for possible action by the Department. A person may file a complaint with the Department against a qualified interpreter within 90 calendar days of an alleged violation of the act or rules. All complaints shall be filed in writing. As an accommodation, a D/DB/HH person may file a video request (enclosed on a disc or jump drive if submitting by US mail, or attached to an email) so that it may be translated by the Department into writing.

A person may file a grievance for complaints against an appointing authority for using an unqualified or underqualified interpreter in violation of the act or complaints against a person providing interpreting services without being qualified as required by the act by contacting the Michigan Department of Civil Rights, Division on Deaf, DeafBlind and Hard of Hearing, either through VP at 313-437-7035 or email at DODDBHH@michigan.gov.

YOUR COMPLAINT IS AGAINST	INFORMATION ABOUT YOU
Name of Individual	Name
Address (Number and Street)	Address (Number and Street)
City, State Zip Code	City, State Zip Code
Telephone Number	Telephone Number
Name of Person You Dealt With	E-mail Address
Certification Number (If known)	Are you willing to testify in a hearing? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

Briefly explain your complaint below. Attach additional sheets, if necessary, to clearly document the violations which you believe have occurred.

LOCATION AND DATE OF INCIDENT: List full name of agency/business/company/hospital/public facility/school where the incident occurred.

Name: _____ Date(s)/Time(s) the incidents occurred: _____

Address: _____

POTENTIAL WITNESSES: Provide names and contact information of individuals who may have witnessed the events which resulted in this complaint, if applicable.

Name: _____
Telephone #: _____
Email: _____

Name: _____
Telephone #: _____
Email: _____

Name: _____
Telephone #: _____
Email: _____

I understand the information provided will not be returned, will be used for investigative purposes, and may be subject to release under the Freedom of Information Act.

Signature _____ *Date*