For Division Use Only:

Received: _____
Assigned: _____
Complaint #: _____
Within 90 Calendar Days?
- ❑ Yes
- ❑ No

DIVISION ON DEAF, DEAFBLIND AND HARD OF HEARING
REQUEST FOR INVESTIGATION FORM

INSTRUCTIONS

1. This request for investigation is not a formal complaint. It should be completed by any individual who wants to file a formal complaint of alleged violations that occurred within the previous 90 calendar days. Submitting this form begins the process of assigning the matter for follow up by a Rights Representative.
2. Please include as much information as possible. You may submit a signed video for "Description of Incident".
3. Your complaint may be against an interpreter, someone falsely acting as an interpreter, an entity (such as a business, court, school, medical office, etc.) required to provide an interpreter, or any other person(s) or entity(ies) you believe violated or are violating legal requirements related to providing an interpreter as an accommodation.
4. If you need help filling out this form, please contact us and someone will take your information (by telephone, video link or in person) and enter it on your behalf.
5. After completing this form, please sign it and keep a copy for your records. The Division cannot process forms without a signature.
6. The completed form may be submitted through US mail, email (as a PDF attachment) or by fax to:

Division on Deaf, DeafBlind and Hard of Hearing
RE: Request for Investigation
110 W. Michigan Ave. Suite 800
Lansing, MI 48933

Email: DODDBHH@Michigan.gov*

Fax: 517-241-3963*
*RE: Request for Investigation

After receiving a request for investigation, the complainant (you) will be contacted by Division staff to discuss the request. Complainants may be asked questions or to provide additional documents. If there is a legally sufficient basis, Complainants will then be given the opportunity to sign a Formal Complaint/Grievance. A copy of the complaint will then be provided to the Respondent, who will then have 35 calendar days to respond. The Division will notify Complainants of the result of any investigation conducted.

If you have questions about the Request for Investigation process, please contact the Division either through VP at 517-507-5223 or email at DODDBHH@michigan.gov.

CONTACT INFORMATION	
COMPLAINANT (you)	**RESPONDENT** (interpreter, signer, appointing entity, public facility you believe violated the Michigan Deaf Persons' Interpreter Act/Qualified-Interpreter General Rules)
First, Last Name:	Person or Entity:
Home Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Telephone:	Telephone:
Email:	Email:
1. The best way to contact me is through (VP/Home/Text/Email): _____ 2. The best time of day to contact me is: _____ 3. Other special instructions: _____	

DESCRIPTION OF EVENT. Describe what happened in as much detail as possible. Include the names of witnesses (if any), times, and location. Submit any documents or correspondence that you would like the Division to review. Use additional pages if needed. You may also submit this part of your complaint in an ASL video (enclosed on a disc or jump drive if submitting by US mail, or attached to an email). Videos and attachments will not be returned and will become property of the Division. *Example: On January 7, 2016 I had an appointment with Dr. X at 3:00 pm. Dr. X contacted ABC Interpreter Services to get an interpreter. An interpreter named John Doe showed up. His signing was very bad. I asked Mr. Doe to show me his interpreter certification. Mr. Doe said he does not have one. Dr. X and his secretary, Kay Tee, witnessed Mr. Doe trying to interpret for me. Dr. X's office is located in Anytown, MI 48000.*

_____

_____

_____

_____

_____

Please ☒ box if: ☐ description continued on additional pages, or ☐ additional information is being provided, or ☐ if *video is attached to this form.*

PROVISION OF SERVICES QUESTIONS
Are you deaf, deafblind or hard of hearing?
Did you request an accommodation? If yes, who did you ask and on what date?
Was any accommodation provided? If yes, please describe:
Was any other accommodation discussed with you? If yes, please describe:
Were you provided with an interpreter? If yes, please identify who:
Was the interpreter obtained through a referral agency? If yes, please identify the agency if you can:
Did you make a direct complaint to: 1. the person or entity you asked to provide an accommodation? ☐ Yes ☐ No 2. the interpreter? ☐ Yes ☐ No 3. the interpreter agency? ☐ Yes ☐ No 4. someone else? ☐ Yes ☐ No If you answered yes, please explain:
Did you receive a response to your complaint? If yes, please describe:
Was any action taken as a result of your complaint? If yes, please describe:

POTENTIAL WITNESSES: List names, phone numbers, and emails of people who you believe may have seen part of or all of the events which resulted in this complaint.
Name: Telephone/VP: Email:
Describe what was witnessed:
Name: Telephone/VP: Email:
Describe what was witnessed:
LOCATION AND INCIDENT DATE: List full name of agency/business/company/hospital/public facility/school where the incident occurred.
Name:
Address:
Dates/Times the incident(s) occurred:
SIGNATURE/DATE: With my signature, I attest that the above information (and any videos, attachments, and/or enclosures) is true and complete to the best of my knowledge.
Complainant Signature: x _____ Date: _____