



Bureau of Community and Health Systems
 PO Box 30664 • Lansing, MI 48909
 Phone: (517) 241-0097
www.michigan.gov/bchs
LARA-BCHS-Qualified-Interpreter@michigan.gov

Bureau use only #	
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COMPLAINT FORM

DEAF, DEAFBLIND AND HARD OF HEARING QUALIFIED INTERPRETERS

Authority: 1982 PA 204 (MCL 393.501 et seq.) and R 393.5001 et seq.

The Bureau of Community and Health Systems has jurisdiction related only to individuals offering interpreting services and not individual entities (appointing authorities) such as the courts, law enforcement, etc. Our investigation will focus on if the individual offering the interpreting services is required to be qualified and meeting the specific requirements of certification.

A person may file a complaint with the Bureau against a qualified interpreter within 90 calendar days of an alleged violation of the act or rules. All complaints shall be filed in writing. A Deaf, DeafBlind, Hard of Hearing (D/DB/HH) person may file a video request (enclosed on a flash/thumb drive if submitting by US mail or a video file attached to an email).

YOUR COMPLAINT IS AGAINST	INFORMATION ABOUT YOU
Name of Individual Providing Interpreting Services	Name
Address (Number and Street)	Address (Number and Street)
City/State/Zip	City/State/Zip
Telephone Number	Telephone Number
E-mail Address	E-mail Address
Qualified Interpreter Certification Number (If known)	

Identify the setting where the violation occurred:

Court
 Law Enforcement
 Governmental Agency
 Other

If Other, did you request an accommodation? Yes No

Was the other setting: Health Care Employer Other (Describe):

Entity Name:

Address:

City:

Complaints related to a reasonable accommodations request may be filed with the Michigan Department of Civil Rights. A person may file 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.

BCHS-QI-Complaint Form (11/2024)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Describe the violation. Use additional pages if needed. Include specific dates, times, location, witnesses, etc., as possible.

By submission of this form, you are confirming the information above is accurate to your knowledge and understand the information will be used for investigative purposes. Complaint information may be subject to release in response to a Freedom of Information Act request (with complainant identifiers redacted) or during a hearing related to the qualified interpreter if a violation is established.