



ILLINOIS DEAF AND HARD OF HEARING COMMISSION

528 South 5th Street, Suite 209, Springfield, IL 62701
217/557-4495 (Voice) * 888/261-2698 (TTY) * 217/303-8010 (VP)
www.idhhc.illinois.gov



COMPLAINT FORM

INFORMATION ABOUT YOU—In order to investigate your complaint, the following information must be provided. Upon receiving the complaint, IDHHC will send a letter verifying receipt..

Name			
Mailing Address	City	State	Zip Code
Telephone Number - Where You Can Be Reached		Pager	
Home _____ Work _____		Email Address	
Cell _____ VP _____			

INFORMATION ON INTERPRETER YOU ARE FILING COMPLAINT AGAINST

Name			
Address	City	State	Zip Code

DETAILS OF COMPLAINT

Date of Event	
Have you contacted Interpreter about your complaint? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, when & how?
Did Interpreter respond? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was any action taken?
Did you complain to any other organization or entity? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, when?
Did the organization or entity take any action?	

ADDITIONAL WITNESSES – People who can provide information about the situation.

Name	Telephone
Type of Information	
Name	Telephone
Type of Information	
Name	Telephone
Type of Information	

