

**NCITLB Complaint Form**

Please complete all sections that apply.

**The name of the person filing the complaint (the complainant)**

**Contact Information:**

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Name of the person (interpreter) being reported.**

**When and where did it happen? Provide the date when it happened and the specific location/circumstances. (e.g.: physical location: address, building, or complex, and circumstances: workshop, medical setting, court, classroom).**

**What happened? (Provide as much detail as possible about the incident that initiated the complaint. Include the name of the client, or names of persons in attendance who may have been a witnesses, include what you observed or learned that lead you to file a complaint.)**

**Name(s) of Client(s)** \_\_\_\_\_

**Person(s) in attendance** \_\_\_\_\_

**What was observed or learned** \_\_\_\_\_

**Brief summary of other actions, if any, taken to resolve this matter prior to filing a complaint.**

*These instructions were adopted in part from the Ethical Practices System of the RID, Inc. (Registry of Interpreters for the Deaf) Rev. 12-2012*