

## Sign Language Interpreter & Transliterators State Registration Act Complaint Form

Incomplete or inaccurate information may result in a delay or the inability to process your complaint.

### Complainant

Full Name: \_\_\_\_\_  
*First* *Last*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Videophone: \_\_\_\_\_

TTY: \_\_\_\_\_

### Interpreter

Full Name: \_\_\_\_\_  
*First* *Last*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Videophone: \_\_\_\_\_

TTY: \_\_\_\_\_

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## Description of Incident

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

### Incident Summary:

#### Include:

- Clear explanation of the incident
- Witnesses (name, role, and contact information)
- Evidence to support your complaint

***Auxiliary aids and services are available upon request to individuals with disabilities  
Equal Opportunity Employer/Program***

Department of Labor & Industry | Office f/t Deaf & Hard of Hearing | 1521 North 6<sup>th</sup> St. | Harrisburg, PA 17102  
717-783-4912 v/tty | 717-831-1928 videophone | 800-233-3008 v/tty (in PA only) | 717-783-4913 fax | [www.dli.state.pa.us/odhh](http://www.dli.state.pa.us/odhh)