

# Complaint Form for OHA Qualified or Certified Health Care Interpreter

**This form is for use by the public.**

Use this form if you have a complaint about a health care interpreter. Please fill out as much information as you can. Attach copies of documents that help explain or support your complaint. If you need more space, use the back of this form or attach extra pages.

**Please return this form to:**

OHA Equity and Inclusion Division  
Health Care Interpreter Program  
421 S.W. Oak St., Suite 750  
Portland OR 97204

Or: email: [HCI.program@odhsoha.oregon.gov](mailto:HCI.program@odhsoha.oregon.gov)

Call: HCI Program 971-673-3378; Fax: 971-673-1330

This form can be made available in other languages, such as braille, large print, audio, or other formats free of charge. Please call 1-844-882-7889 (voice) or 711 (TTY) for help.

## 1. Your information (Please print or type)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home/cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Other \_\_\_\_\_

Email address \_\_\_\_\_

Preferred language \_\_\_\_\_

How would you like us to contact you?

☐ Phone ☐ Email ☐ Other \_\_\_\_\_

Best time to contact you \_\_\_\_\_ (Day/time)

May we contact you by email? ☐ Yes ☐ No

## 2. Health Care Interpreter's information, if known

Address \_\_\_\_\_

Name of Health Care Interpreter's employer, if known

Other \_\_\_\_\_

### 3. Office or location of interpretation

Address \_\_\_\_\_

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

#### 4. Tell us what happened

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**List all the people involved, including first and last names, titles, and contact information, if known**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home/cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Other \_\_\_\_\_

Email address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home/cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Other \_\_\_\_\_

Email address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home/cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Other \_\_\_\_\_

Email address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home/cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Other \_\_\_\_\_

Email address \_\_\_\_\_

