

North Carolina Interpreter and Transliterater Licensing Board

Complaint Form

Please complete all sections that apply.

Please use a separate sheet of paper if you would like to include additional information.

Name of the person filing the complaint (Complainant)	
Complainant Email Address	
Complainant Phone Number	
Complainant Mailing Address	
Name of the person (Interpreter) being reported	
Where and when did this 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).	
Where/Location	
When/Date	
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 witness, include what you observed or learned that lead you to file a complaint.)	
Name(s) of the Clients(s) and contact information	
Name: _____	Phone: _____
Name: _____	Phone: _____
Person(s) in attendance/Witnesses and contact information	
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

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

What was observed or learned?

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

Preferred Method to Communicate

I am (complainant):

- Hearing**
- Deaf**
- DeafBlind**
- Hard of Hearing**
- Other:** _____

After your complaint is received a member of the LRC will be reaching out to you to interview you about the complaint you submitted. Please indicate the best way to get in touch with you.

Best way for an LRC to contact you:

- In writing**
- In writing (Braille)**
- Call/VP**
- Email**
- Other:** _____

If phone number or email is different from what is listed on the first page of this form please indicate the best phone number or email below

Phone V/VP: _____

Email: _____

Other: _____

My preferred method of communication is:

- Sign Language (ASL, SEE, PSE, Rochester Method, POP)**
- Cued Speech**
- Voice**
- TASL (One hand)**
- TASL (Two handed)**
- Tracking**
- Close Vision/Low Vision**
- Other (indicate below)**

Other: _____

Important Information

- The substance of your complaint will be forwarded to the person complained about for response.
- Please be sure to include copies of any supporting documents you may have, such as correspondence, contracts, invoices, receipts, etc. Do not send originals but keep all originals in case they are needed as evidence in the future.
- The Board, its administrator, agents and legal counsel, cannot provide you with legal advice.

CAUTION: An occupational license complaint is a serious matter. Before filing a complaint, you are cautioned to consider carefully whether there are sufficient grounds for making it. Should you desire legal advice, contact an attorney licensed to practice law in North Carolina of your own choosing and expense.

The information I have provided is true and accurate to the best of my knowledge and belief.

I understand that by filing a complaint with the N.C. Interpreter and Transliterator Licensing Board, that the complaint and the information contained therein are subject to the North Carolina Public Records Law - N.C. General Statutes Chapter 132 - and may be disclosed to other people.

Signature: _____ Date: _____

Complaints can be sent to the Board office via US mail, email, or fax.

Mail: NCITLB
PO Box 20963
Raleigh, NC 27619

Email: NCITLB@caphill.com

Fax: 919-779-5642

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