

Complaints Form

Customer details

Name		Title (Mr / Mrs / Ms / other)
Address		
Mobile Number		Text only?
Email Address		

Details of the alleged complaint

Interpreter Name		RISLI Registered
Date of the alleged incident		
Location/Event of the alleged incident		
Details of the incident – describe how the interpreter’s behaviour negatively affected you.		
Other people present who can support your complaint		

Desired Outcome

Please describe the desired outcome of this complaint:

I hereby certify that all the information given by me in this application form was accurate at the time of application, to the best of my knowledge.

Signature:	Date:
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Please send this form, and any other documents or videos to admin@risli.ie or post to:
**Register of Irish Sign Language Interpreters (RISLI), c/o Sign Language Interpreting Service, Deaf Village
 Ireland, Ratoath Road, Dublin 7 D07 W94H**