

Complaints Form

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

1. Who is the interpreter you are complaining about?

2. When did it happen?

3. Where did it happen?

4. Were **any other people** there? Did they see what happened? Please write their names.

5. Why are you making a complaint? **What happened?**

Please give us as much information as possible. You can use a separate page if you want. Or, make a video in ISL and send it to us.

6. What do **you want RISLI to do**? What do you **want to happen**?

✓ *please tick box and sign below.*

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.

Signed: _____

Date: _____

Please send this form, and any other documents or videos, to:

**Register of Irish Sign Language Interpreters (RISLI), c/o Sign Language Interpreting Service, Deaf Village
Ireland, Ratoath Road, Dublin 7 D07 W94H**

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