

Alabama Licensure Board for Interpreters and Transliterators  
P.O. Box 240187  
Montgomery, AL 36124

**Complaint Form**

This complaint is presented to the Alabama Licensure Board for Interpreters and Transliterators Grievance Committee, which governs sign language interpreters in the state of Alabama. Complete and return the form to ALBIT within 90 days of the incident.

**COMPLAINANT:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone (Home)

\_\_\_\_\_  
Address  
\_\_\_\_\_

\_\_\_\_\_  
Phone (Work)

\_\_\_\_\_  
Email Address

---

Name of the person who allegedly is allegedly working without a current and valid Alabama Interpreter License or Permit:

\_\_\_\_\_  
Date(s) and time(s) of the alleged incident: \_\_\_\_\_

\_\_\_\_\_  
Location(s) of alleged complaint: \_\_\_\_\_

\_\_\_\_\_  
Any allegation will be investigated and you will be notified in writing of receipt of your complaint.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

State of Alabama

County of \_\_\_\_\_

This instrument was signed and sworn to before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

My Commission Expires: \_\_\_\_\_