

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

COMPLAINT FORM

Complaint may be videoed and submitted via flash drive.

This complaint form is to report a person who is allegedly practicing interpreting for remuneration without a current and valid Alabama License or Permit.

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)

City, State

Zip

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

Send this complaint form to:

ALBIT
P.O. Box 240187
Montgomery, AL 36124-0187