

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

**COMPLAINT FORM**

*Complaint may be videotaped – fill out this form and send with the VHS Videotape.  
This complaint form is to report a person who has allegedly violated the Alabama  
Licensure Law or RID Code of Ethics.*

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 has allegedly violated the Alabama Licensure Law or RID Code  
of Ethics:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Location(s) of alleged complaint:

\_\_\_\_\_

\_\_\_\_\_

Nature of 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