



Utah State Office of Rehabilitation  
 Division of Services to the Deaf and Hard of Hearing  
**Utah Certification Board**  
 5709 South 1500 West  
 Taylorsville UT 84123-5217

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## COMPLAINT FORM

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*This complaint is presented to the Utah Certification Grievance Committee of the Utah Certification Board, which governs sign language interpreters in the State of Utah, and who will determine if the complaint is within its jurisdiction:*

**COMPLAINANT:**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Phone (home)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone (work)

\_\_\_\_\_  
 e-mail address

\_\_\_\_\_  
 Certification Level

*Please state the alledged unprofessional or unethical conduct in detail, including the date(s) it occurred, names of all involved, and site the exact section of the Code of Ethics violated.*

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*(continue on reverse side if necessary)*

***Any allegation will be investigated, and you will be notified in writing of the results.***

***Please complete:***

\_\_\_ I request this case be dropped. (Make full justification for this request).

\_\_\_ I request a mediation meeting.

\_\_\_ I request a due-process hearing.

Please indicate preferences, should a hearing be called:

A. Most hearings are heard before a panel of 3-5 members of the Certification Board's Grievance Committee. However, you may request a hearing before the entire Certification Board.

\_\_\_ I request a hearing before a panel of 3-5 Grievance Committee members.

\_\_\_ I request a hearing before the entire Certification Board.

B. Most hearings are heard in closed session. However, you may request a public hearing.

\_\_\_ I request a closed hearing.

\_\_\_ I request a public hearing.

\_\_\_ I request to enter into a stipulated agreement with the State Board of Education, whereby I shall voluntarily surrender my interpreter certificate for the purpose of having it suspended until the terms of the agreement are fulfilled. I shall meet with the DSDHH Director of Certification to negotiate the agreement without appearing before a hearing panel.

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*Signature of Respondent*

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*Date*

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*This form must be returned within **30 days** of the date of the letter which notified you of the complaint. Failure to respond shall result in the automatic scheduling of a hearing, of which you shall be notified.*

**Return this response to:**

Director of Certification  
Utah Certification Board  
5709 South 1500 West  
Taylorsville UT 84123-5217