



**DIRECT ACCESS INTERPRETING SERVICES, Inc.**  
"For Quality Interpreting and Translation Services"

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## **Customer Complaint Form**

Name of person making complaint: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results of investigation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date complainant contacted with the results of the investigation and action taken:

\_\_\_\_\_

Initials of person investigating Complaint: \_\_\_\_\_

Initials of person taking complaint: \_\_\_\_\_