





Provider Language Services Complaint Form

Complete this form if you experience:

Issues with language services provided to an Iowa Total Care member (interpreter no show, customer services issues, languages not available, etc.).

Once complete, please email this form to <u>C&L@IowaTotalCare.com</u> with subject line "Provider LAS Complaint".

Facility/Clinic Information		
Date of Issue		
Facility/Clinic Name		
Language Service Information		
Type of Language Service	 Telephone interpreter On-site interpreter Virtual remote interpreter 	
Language Service Provider (if known)	 Voiance Language Line Language Service Associates 	 Akorbi Translation Station Other:
Language Interpreted	 Spanish American Sign Language Bosnian 	 Swahili Arabic Other (provide language):
Interpreter Name (if applicable)		
Interpreter ID (if applicable)		
Summary of Issue		
Submitter Information		
Submitter Name		
Submitter Phone Number		
Submitter Email		

Need to schedule language services?

Visit <u>Language Services webpage</u>, click on "Forms & Resources", and select 'Language Services Request Form: Provider Request.