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 C&L@IowaTotalCare.com with subject line "Provider LAS Complaint".

Facility/Clinic Information	
Date of Issue	Enter date(s) of language service issue and time of incident
Facility/Clinic Name	Enter facility/clinic name and address
Language Service Information	
Type of Language Service	☐ Telephone interpreter ☐ On-site interpreter ☐ Virtual remote interpreter
Language Service Provider *(if known)*	☐ Voiance ☐ Translation Station ☐ Language Line ☐ Other:
Language Interpreted	☐ Spanish ☐ Swahili ☐ American Sign Language ☐ Arabic ☐ Burmese ☐ Other (provide language):
Interpreter Name *(if applicable)*	Enter interpreter name.
Interpreter ID *(if applicable)*	Enter interpreter ID.
Summary of Issue	
Provide summary of issue.	
Submitter Information	
Submitter Name	Enter name.
Submitter Phone Number	Enter phone number.
Submitter Email	Enter email address.

Need to schedule interpretation services?

Visit the Language Services webpage, click on "Forms & Resources," and select "Interpreter Request Form."