

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 of language service issue.
Facility/Clinic Name	Enter facility/clinic name.
Language Service Information	
Type of Language Service	<input type="checkbox"/> Telephone interpreter <input type="checkbox"/> On-site interpreter <input type="checkbox"/> Virtual remote interpreter
Language Service Provider (if known)	<input type="checkbox"/> Voiance <input type="checkbox"/> Translation Station <input type="checkbox"/> Language Line <input type="checkbox"/> Other: <i>Enter other provider.</i>
Language Interpreted	<input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> American <input type="checkbox"/> Arabic Sign Language <input type="checkbox"/> Other <input type="checkbox"/> Bosnian <i>(provide language):</i> <i>Enter other language.</i>
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 “Language Services Request Form: Provider Request.”