

# 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](mailto:C&L@IowaTotalCare.com) with subject line "Provider LAS Complaint".

Facility/Clinic Information	
<b>Date of Issue</b>	Enter date of language service issue.
<b>Facility/Clinic Name</b>	Enter facility/clinic name.
Language Service Information	
<b>Type of Language Service</b>	<input type="checkbox"/> Telephone interpreter <input type="checkbox"/> On-site interpreter <input type="checkbox"/> Virtual remote interpreter
<b>Language Service Provider</b> (if known)	<input type="checkbox"/> Voiance <input type="checkbox"/> Translation Station <input type="checkbox"/> Language Line <input type="checkbox"/> Other: Enter other provider.
<b>Language Interpreted</b>	<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                      (provide language): Enter other language.
<b>Interpreter Name</b> (if applicable)	Enter interpreter name.
<b>Interpreter ID</b> (if applicable)	Enter interpreter ID.
Summary of Issue	
Provide summary of issue.	
Submitter Information	
<b>Submitter Name</b>	Enter name.
<b>Submitter Phone Number</b>	Enter phone number.
<b>Submitter Email</b>	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."