

# Capital Area Emergency Communications District

## Interpreter Trouble Report

<b>Agency Name</b>	
<b>Call Taker Name</b>	
<b>Interpreter Service Used</b>	
<b>Date of Call</b>	
<b>Time of Call</b>	
<b>Problem</b>	<input type="checkbox"/> Unable to locate agency code. Service denied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Extensive hold time; indicate hold time _____ <input type="checkbox"/> No interpreter available; language requested _____ <input type="checkbox"/> Poor performance; specify problem _____ _____ _____ <input type="checkbox"/> Other _____ _____ _____
<b>Recording</b>	Please email copy of call recording with this form, if possible. Send to: <a href="mailto:cmac@capcog.org">cmac@capcog.org</a>