

Communication Access Concern Form

Please complete this to help us improve our processes

Completing this form will not affect your benefits

Client Information (optional)

Name:

Street Address:

City:

State:

Zip:

E-mail:

Phone:

Date of Encounter/Visit:

Location/Site:

DHHS Program being accessed:

Client's Preferred Language (in which communication assistance is needed for encounters):

Description of Concern (what happened):

Person completing form (if other than client):

Name:

Position/role:

E-mail:

Phone:

We may find it helpful to contact you for more information. Are you willing to be contacted?

Please return form to:

Office of Health Equity

Attn: Communication Access Coordinator

97 Pleasant Street, Thayer Building

Concord, NH 03301

603-271-5991; Fax 603-271-0824

Communication.Access@dhhs.nh.gov