

Complaint Form

Failure to Provide ADA Effective Communication in a Healthcare Setting

By a Person Who Uses the Spoken Language to Communicate

Dates

Date(s) of Incident: _____

Today's Date: _____

Contact Information

I am the: ☐patient ☐companion* ☐other _____

Name: _____

Address/City/State/Zip: _____

Phone: _____ Email: _____

Provider Seen: _____

Name of Healthcare Provider/Facility: _____

(Clinic, Hospital, Physician Office, Specialist Office, etc.)

Healthcare Location (Address, City/State/Zip) _____

Setting: ☐in-person ☐telehealth ☐other _____

Applicable Legal Requirements

The ADA requires healthcare providers and facilities to furnish appropriate auxiliary aids and services when necessary to ensure [Effective Communication](#) with individuals with disabilities. These accommodations must be provided in a timely manner and at no cost to the patient.

Description of My Disability

I am a person with hearing loss who uses spoken language to communicate and am protected under the Americans with Disabilities Act (ADA) and, where applicable, Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act.

While hearing aids and cochlear implants provide access to sound, they do not guarantee speech understanding. Yet other people with hearing loss do not use hearing aids. Regardless, Effective Communication requires accommodations that ensure I can understand and participate fully in healthcare discussions. This explains why simply speaking louder or expecting a patient or companion to rely solely on hearing devices may not satisfy ADA requirements.

Description of the Incident

On the date(s) indicated above, I attended an appointment with the provider listed above.

☐ Prior to the appointment on [date], I requested accommodation(s) via ☐email ☐online form

☐other _____ Additional info _____

☐ At the appointment, I informed _____ that I have hearing loss and requested the accommodation(s).

Describe the accommodation(s) requested (check all that apply):

☐ Captions-human generated (CART) [Resource: [Human-generated captions](#)]

☐ Captions-computer-generated [Resource: [Computer-generated captions](#)]

☐ Personal amplifier [Resource: [Personal amplification](#)]

☐ Assistive listening system (hearing loop, FM, Auracast broadcast) [Resource: [Assistive listening systems](#)]

☐ Written communication

☐ Good communication (face me when speaking, articulation, good pacing) [Resource: [ACCESS](#)]

☐ Clear masks for lipreading [Resource: [Clear-window masks](#)]

☐ Other: _____

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Despite my request, the facility (check all that apply):

- ☐ Failed to provide the requested accommodation.
- ☐ Failed to explore alternative accommodations.
- ☐ Relied on family members or companions to communicate.
- ☐ Required me to provide my own accommodation.
- ☐ Refused to communicate in an accessible manner.
- ☐ Other: _____

Description of what occurred

Provide specific details. Include who was involved, what was said, whether masks were worn, inability to understand announcements, inability to understand medical instructions, lack of captioning, etc.

Impact on My Care (check all that apply)

Because effective communication was not provided:

- ☐ I could not fully understand the diagnosis.
- ☐ I could not fully understand treatment recommendations.
- ☐ I could not fully understand the responses to my questions.
- ☐ I could not effectively communicate with healthcare staff.
- ☐ My privacy was compromised.
- ☐ My medical care was delayed.
- ☐ I experienced anxiety, frustration, or embarrassment.
- ☐ I may have been placed at risk of medical error.
- ☐ Other: _____

Requested Resolution

I request that the facility (check all that apply):

- ☐ Investigate this incident.
- ☐ Provide a written response explaining the findings.
- ☐ Ensure effective communication accommodations are available for future visits.
- ☐ Educate staff regarding ADA effective communication requirements.
- ☐ Review the placement of computers so that providers can directly look at patients.
- ☐ Review policies and procedures regarding accommodations for patients with hearing loss.
- ☐ Review the patient's charting to document ongoing accommodation needs.
- ☐ Review the institution's website regarding information for patients with hearing loss.
- ☐ Take corrective action to prevent similar incidents from occurring.

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Supporting Documentation

Attach documents as applicable (check all that apply):

- ☐ Appointment confirmations
- ☐ Correspondence/emails
- ☐ Accommodation request(s)
- ☐ Provider accommodation procedures (found on website) *[If the provider requires 2 weeks' notice to provide accommodations, this documents that you followed their procedures. Or the website has a lack of providing information for people with hearing loss, and you are documenting the problem.]* Provider website with accessibility _____
- ☐ Other supporting documentation: _____

Thank you for your attention to this matter. I look forward to your response.

Sincerely,

Overview

- **Purpose:** This form makes it easier to submit a complaint to a healthcare provider.
- **Audience:** Patients or companions* with hearing loss who use spoken language to communicate.
- **Instructions:** Complete (typed or handwritten), print or email to the appropriate department. Or if you wish to customize it, copy/paste it into your own letter. Please email info@chaShedd.org if you have any questions.

This form was developed by the Center for Hearing Access for any patient to use to streamline concerns in healthcare settings. However, the Center for Hearing Access does not represent the patient. The form is for advocacy purposes only and does not constitute legal or medical advice. For specific guidance, consult a qualified attorney or healthcare professional.

*A companion is a family member, friend, or associate of the patient. They have hearing loss and need to communicate effectively about the patient's condition, prognosis, or follow-up care.

Developed by Kathy Johnson

About the Center for Hearing Access

Center for
Hearing Access
at The Shedd Institute

Founded in 2024, the nonprofit Center for Hearing Access is a national advocacy and education initiative of The John G. Shedd Institute in Eugene, OR. We champion and educate users, facility staff, audiologists, and hearing instrument specialists about all ADA-compliant assistive listening systems and other strategies to increase access to healthcare, theaters, libraries, conferences, government offices, courtrooms, places of worship, and other public and private spaces.

- We create and provide advocacy materials, ADA information, a speaker's bureau, videos, articles, vendor lists, and templates for consumers and staff.
- Our website has 150+ webpages, 1000+ hyperlinks, and 150+ handouts.
- The Center for Hearing Access provides educational and informational resources and does not endorse any product, business, or service.

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