



Care Management Services Interpreter Services Quality Assurance Form



The Alliance is committed to ensuring high quality telephonic and face-to-face interpreter services. These services are available to our members, providers, and staff. If an issue should occur with interpreter services, please fill out this Interpreter Services Quality Assurance (ISQA) form **within 24 hours** of the incident, and fax it to the Health Education team at (831) 430-5852. If you need help filling out the form or have any questions, please contact the **Health Education Line** at **(800) 700-3874 ext. 5580**.

Instructions: Please fill out all of the following fields (***required**).

Requestor's Information:

Today's Date: _____ Requester Name (First, Last): _____

*Interpreter ID Number: _____ *Interpreter Name (First): _____

Language Requested: _____ Member ID Number (If available): _____

Incident Information:

*Date and time of when incident happened (i.e. 3/30/14, 4:00 PM): _____

Please describe what happened. List the names of the individuals involved, including the interpreter, member, provider, and any other person or Alliance staff/department(s).

What is the desired outcome requested?

Has this incident happened before? Please explain the prior incident — who was involved, how it was resolved, and the outcome.

Additional Comments:

Please fax this referral form to **(831) 430-5852** ATTN: The Health Education team.
Thank you! Your input is valuable and helps to improve the quality of our interpreter services.

Reset: ☐

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