

## Language Access Complaint Form

*The submission of a complaint will NOT affect the outcome of any court matter.  
The court will address your concerns within a reasonable time, not exceeding 30 days after submission  
of this form.*

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.

Did you request language assistance?  Yes  No

What was your business in the courthouse on that day? \_\_\_\_\_  
\_\_\_\_\_

Were you in a courtroom when you felt that your language access rights were not met?  Yes  No

If you were in a courtroom, please provide as much of the following information as possible:

Case Number: 69 \_\_\_\_\_ Courtroom number: \_\_\_\_\_

Judge's name: \_\_\_\_\_

If you had an interpreter, write the interpreter's name here: \_\_\_\_\_

The interpreter did not interpret correctly or did not speak my language

If you were not in a courtroom when you felt that your language access rights were not met, where in the courthouse were you?

Clerk's Office  Probation Department  Judge's Office  Other: \_\_\_\_\_

Do you know the name of the employee who handled your case? If so, write it here: \_\_\_\_\_

Did the employee handling your case offer to provide some for of language assistance?  Yes  No

Please describe in what way you believe that your rights to language access were not met and whom you believe was responsible. Please use the back of this form or additional pages as needed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_