

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: 82D _____ 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: _____