



Superior Court of California,
 County of San Francisco
 Court Interpreter's Unit
 850 Bryant Street, Room 101
 San Francisco, CA 94103

LANGUAGE ACCESS CUSTOMER COMPLAINT FORM

Complete this form if you believe you have not been provided reasonable or professional language access. You are NOT required to give your name or contact information, but it will aid our investigation of your complaint. This form is to be submitted either to the physical address above or to language-access@sftc.org. This form will NOT become a part of your case file.

NAME: _____ **TODAY'S DATE:** _____

ADDRESS: _____ **TELEPHONE NUMBER:** (____) _____

EMAIL ADDRESS: _____ **Best method of contact:** mail e-mail

CASE NUMBER (if any): _____

WHERE DID THE INCIDENT HAPPEN? (check one):

- Civic Center Courthouse Community Justice Center Juvenile Justice Center Hall of Justice

WHEN DID THE INDICENT HAPPEN? (please provide the exact date or time frame such as "last week")

WHAT IS YOUR COMPLAINT ABOUT? (check all that apply):

Interpreter: (Name): _____ **Language:** _____

Courthouse Staff (Name): _____ **Department:** _____

- Language Access:**
- I asked for an interpreter but did not receive one.
 - The information or forms I need are not in my language.
 - The translation of the information or forms I received contained mistakes.

Other, specify: _____

PLEASE DESCRIBE YOUR COMPLAINT. You may attach additional sheets if necessary.

Additional sheets attached.

WHAT WOULD YOU LIKE HAVE DONE AS A RESULT OF THIS COMPLAINT?

WHAT OTHER INFORMATION DO YOU THINK IS IMPORTANT FOR US TO KNOW?

*****DO NOT WRITE BELOW THIS LINE*****

Date Received: _____ Date Reviewed: _____ Date of Action Taken: _____

By (initials): _____ By (initials): _____ By (initials): _____