## **Complaint/Comment Form**

Language Access Services



## Please select one of the following: Complaint

## Comment

The Fresno Superior Court is committed to providing language access to all individuals who are unable to understand English. If you would like to complain about or provide feedback regarding the services, please fill out and turn in the complaint/comment form, as follows:

*Provide as much detail as possible. You do not have to give your name or contact information if you are only submitting comments. However, if you are submitting a complaint, your full name is required.* 

Your complaint/comment will **NOT** become a part of your case file. Do not use this form if you have a complaint about the outcome of your case. If you want to provide other comments and suggestions (not a complaint), fill out Part 2 of this form, under "Give Us Feedback."

In filing out this form, please keep the following in mind:

- Fill in as much information as you can. You do not have to give your name if you are only submitting comments; however, if you are filing a complaint, your full name is required.
- You can use the form to provide comments or suggestions about language access services.
- Filing a complaint/comment will not negatively affect your court cases or the services you get at the court.
- If you are making this complaint or making comments on behalf of someone else, fill out the information of the person we should contact about the complaint/comments.
- If you need language access services for an active court case, send us your complaint as soon as possible.
- You can fill out the form and turn it in at your local courthouse in person, or mail it, or e-mail it to the addresses below. You can also fill it out and turn it in online. Go to <a href="http://www.fresno.courts.ca.gov/interpreters/">http://www.fresno.courts.ca.gov/interpreters/</a>.

For complaints/comments about language access services at Fresno Superior Court relating to staff, court interpreters, or local translations, fill out and mail or e-mail your complaint form to:

Superior Court of California, County of Fresno Attention: Language Access Representative 1100 Van Ness Avenue Fresno, CA 93721 Email: InterpreterRequest@Fresno.courts.ca.gov

For complaints about the Judicial Council's services—Judicial Council meetings, forms, or other translated material hosted on www.courts.ca.gov—do not use this form. Please go to www.courts.ca.gov/languageaccess.htm to submit your complaint.

Complainant Personal Information:			Are you submitting this complaint on behalf o	Are you submitting this complaint on behalf of another individual?		
Today's date:			If yes, please provide your contact informatio	If yes, please provide your contact information below:		
Name:			Today's date:	Today's date:		
Address:			Name:			
			Organization:			
Telephone:			Telephone:			
E-mail:			Address:			
Primary la	nguage you speak:		1000 CERT NO. 100 LAND			
Primary Language you write:			E-mail:	E-mail:		
Best contact method:			Primary language you speak:	Primary language you speak:		
Mail	E-mail	Phone	Primary language you write:	Primary language you write: Best contact method:		
			Best contact method:			
Case No.:			Mail E-mail	Phone		

## PART 1. Describe the Complaint - Check and Fill Out All That Apply

I asked for an interpreter but did not get one. Tell us where (location) this happened: I am not satisfied with the services of the interpreter. Name of the interpreter: Interpreter badge #: Date of interpreter service: Why were you not satisfied with the interpreter services?

Other problem with court staff as it relates to language access: Date of incident: Name of staff person: Describe incident:

The form I need is not in my language. Give the form number, name, or description:

The information I need is not in my language. Specify what information you need translated:

The translation of the form or information I received has mistakes. Describe the document, information, and/or mistakes:

Other complaint: Have you complained to another agency about this problem? Yes If yes, provide the name of the agency: Add any other information that may help us review your complaint:

PART 2. Give Us Feedback, Comments, or Suggestions

We will contact you within 90 days of receiving this form.

Thank you for taking the time to let us know how we are doing and for helping us to improve our language access for all Californians.

LAP Complaint Form

Department:

No