



# Language Access Services Complaint Form



Superior Court of California, County of Santa Cruz

701 Ocean Street, Santa Cruz CA 95060



[www.santacruzcourt.org](http://www.santacruzcourt.org)



(831) 420-2200



[access@santacruzcourt.org](mailto:access@santacruzcourt.org)

## Instructions

The California courts want all Californians, including those who do not speak English well, to have access to the courts. If you have a complaint about language access services at a local court, or if you would like to provide feedback about language access services, fill out and turn in the complaint form.

Please keep the following in mind:

- If you need language access services for an active court case, send us your complaint as soon as possible.
- Fill in as much information as you can. *You do not have to give your name*, but it is helpful to know how to contact you so we can get more information if needed.
- You can use the form to provide comments or suggestions about language access services.
- Language access complaints may be submitted orally or in other written formats. However, use of the court's local form is encouraged to ensure tracking and that the court received full information of the complaint.
- Filing a complaint will not negatively affect your court cases or the services you get at the court.
- Your complaint will NOT become a part of your case file or part of your case.
- If you are making this complaint on behalf of someone else, fill out the information of the person we should contact about the complaint.
- You can fill out the form and turn it in at your local courthouse by hand, postal mail or e--mail it at the addresses below. You can also fill it out and turn it in online.

**For complaints about services at your local court** related to staff, court interpreters, or local translations, fill out and mail or e--mail your complaint form to:

Superior Court of California, County of Santa Cruz  
Attn: Language Access Representative

701 Ocean Street, Santa Cruz CA 95060

E--mail: [info@santacruzcourt.org](mailto:info@santacruzcourt.org)

The form is available for free both in hard copy at the courthouse and online on the court's website.

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

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



# Language Access Services Complaint Form

Fill out this form to complain about language access services in the California courts. Provide as much detail as possible. You do not *have to* give your name or contact information if you do not want to, but it will help us investigate your complaint.

Your complaint 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."

## Information about Person with Complaint:

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E--mail: \_\_\_\_\_

Primary language you speak: \_\_\_\_\_

Primary language you write: \_\_\_\_\_

Best contact method:  mail  e--mail  phone

## If you are filling out this form for another person, please provide your contact information below:

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E--mail: \_\_\_\_\_

Primary language you speak: \_\_\_\_\_

Primary language you write: \_\_\_\_\_

Best contact method:  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 when (date) and where (location) this happened: \_\_\_\_\_

\_\_\_\_\_

Case number (if any): \_\_\_\_\_

I am not satisfied with the services of the **interpreter**.

Name of the interpreter: \_\_\_\_\_

Interpreter badge #: \_\_\_\_\_ Date of interpreter service: \_\_\_\_\_

Location: \_\_\_\_\_ Case number (if any): \_\_\_\_\_

Why were you not satisfied with the interpreter services?

\_\_\_\_\_

Other problem with **court staff** related to language access.

Date of incident: \_\_\_\_\_

Name of staff person: \_\_\_\_\_

Department: \_\_\_\_\_

Describe incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The **form** I need is not in my language.

Give 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 document or information: \_\_\_\_\_

Describe mistakes: \_\_\_\_\_

Other complaint related to language access.

\_\_\_\_\_

Have you complained to another agency about this problem?  Yes  No

If Yes, provide the name of the agency: \_\_\_\_\_

\_\_\_\_\_

Add any other information that may help us review your complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART 2. Give Us Feedback

Other comments or suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you. We will contact you within **60 days** of receiving this form.

You can fill out the form and turn it in at your local courthouse by hand, postal mail or e--mail it at the addresses below.

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### Your complaint or comments have been submitted.

We will contact you within **60 days** of receiving your complaint or comments.

We may need to contact you using the contact information you provided.

If your complaint, comments, or suggestions are about an issue not related to language access services, we will send it to the appropriate court, agency, or department.