

Superior Court of California, County of Tehama
LANGUAGES ACCESS PLAN
Denial of Access to Interpreter
COMPLAINT FORM
(IMPORTANT: Read page 1 prior to filling out complaint form)

This document details the steps a complainant may take to report the failure of the court to appoint an interpreter in cases when one is required, pursuant to Evidence Code 756 and Government Code 68092.1.

1. **Initiating a Complaint.** A Limited English Proficient person, his/her attorney, or their advocate, may initiate a complaint. Complaints must be filed with the court at issue and reported to the Judicial Council. Please complete the form and return it in person or mail it to the Tehama County Superior Court-LAP, 633 Washington Street, Room 19, Red Bluff, CA 96080
2. **Intake.** The Language Access Plan resource person will review the complaint and obtain all pertinent information from the complainant. The complaint will be assigned an intake number for tracking and filing purposes. Anonymous complaints will not be investigated.
3. **Acknowledgment of Complaint.** The Language Access Plan resource person will respond to the complainant within 15 business days by letter acknowledging receipt of the complaint.
4. **Complaint will be reported to the Judicial Council.** The Language Access Plan resource person will notify the Judicial Council of the complaint.
5. **Response by Court.** The Language Access Plan resource person will review the complaint, try and find a resolution and respond within 15 business days. The response shall be in writing and offer a proposed resolution to the complaint.

COMPLAINT FORM

Please complete the following items to help us better understand your complaint. This form will not be placed in your file. If you are not a party to the case, his/her attorney, or their advocate, in the case, you may not file a complaint in the case.

PERSON MAKING THE COMPLAINT:

Name:

Address:

Daytime Phone:

Case Number:

Preferred language:

WHAT WAS THE PROBLEM? Check all boxes that apply and explain below:

- I was not offered an interpreter
- I asked for an interpreter and was denied
- The interpreter(s) or translator(s) skills were not good (List their names, if known)
- The interpreter(s) made rude or inappropriate comments
- The services took too long (Explain below)
- The forms or notices were not translated or given to me in a language I can understand.
- I was unable to use services, programs or activities (Explain below)
- Other (Explain below)

WHEN DID PROBLEM HAPPEN? Date (MM/DD/YY):

Time:

AM/PM

WHERE DID PROBLEM HAPPEN?

Describe what happened. Please be specific. Use additional pages as needed. Print your name on each sheet. List language, services and documents needed. Include names, addresses and phone numbers of people involved, if known.

Did you complain to anyone from the Department/Agency? Who and what was the response? Please be specific.

I certify that this statement is true to the best of my knowledge and belief.

Signature:

Date:

Do not write in this box. For office use only

Date: _____ **Reviewer:** _____

Resolution:
