Language Access Services
Complaint Form

Superior Court of California, County of Lassen
2610 Riverside Drive Susanville, CA 96130

www.lassencourt.ca.gov (530) 251-8205 interpreters@lassencourt.ca.gc

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 Lassen
Attn: Language Access Representative
2610 Riverside Drive
Susanville, CA 66130
E-mail: interpreters@lassencourt.ca.gov

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 — **do not use this form**. Please go to 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.

Superior Court of California, County of Lassen
2610 Riverside Drive Susanville, CA 96130

www.lassencourt.ca.gov

(530) 251-8205

interpreters@lassencourt.ca.gov

Note: The following language could be provided by the court to the individual submitting the complaint via e-mail or as an automatic online response if submitting it online.

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.