

Court Interpreter Complaint Form

Complainant's Name:
Complainant's Street Address:
City:
State:
Zip Code:
Area Code/Telephone:

Interpreter's Name:	
Was this your interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, whose interpreter?	
Language Interpreted:	
Name of Case and Case Number (if known):	
Name of Judge (if known):	
Courtroom Number (if known):	
Date(s) or Time Period When Conduct Occurred:	
Other Location Information:	

Lodging a complaint with the Local Language Access Coordinator is not a substitute for appeal and cannot correct any alleged error in a court case.

STATEMENT OF FACTS: Please describe with as much detail as possible what you believe the interpreter did or failed to do that was unprofessional. Use additional sheets if necessary.

Return this completed form to:

[Local Language Access Coordinator name]
[Local Language Access Coordinator address]
[Local Language Access Coordinator telephone, fax and TTY numbers]
[Local Language Access Coordinator email]

Ethical complaints regarding sign language interpreters will be forwarded to the Kansas Commission for the Deaf and Hard of Hearing.