



NEW YORK STATE UNIFIED COURT SYSTEM Language Access Complaint Form

Tell us if you had a negative experience or were dissatisfied with court interpreter services. We will review the information and try to resolve the problem. Please print clearly

1. Your Name: _____
(Optional) First M.I. Last

Phone #: _____ **E-mail:** _____

2. This complaint is for Me Another person: _____
(Name if known)

3. Date(s) of the problem: _____

4. Court where the problem happened. (and county, if known)

5. Where did the problem take place? (Check all that apply)

- Courtroom Clerk's Office
 Help Center Other _____

6. What is the docket/index number or name of the case? (if known)

7. What happened? (Check all that apply)

- I needed a(n) _____ interpreter but did not get one.
(language)
- I requested an interpreter prior to coming to court.
- The court case or service was delayed or rescheduled because there was no interpreter.
- I complained to the court about the interpreter.
- The court removed the interpreter and used another interpreter
- A mistrial was declared
- I was treated unfairly because I asked for an interpreter. Please explain:

- I was told to bring my own interpreter.
- Other; please explain (if the issue involved a particular interpreter, please include interpreter's name, if known, and the language):

8. Identify any other person who may have additional information about what happened:

Name: _____ Relationship: _____

Contact information *(Please provide one: mailing address, phone, ore-mail)*

9. Please provide any additional information below:

Attach additional pages if necessary, and please provide any documents that support the complaint, such as an affidavit, if available.

NOTICE: The information you have provided above may be shared in whole or in part with any parties deemed necessary to fully review and/or resolve the issue(s), including but not limited to the subject interpreter, if applicable.

Signature: _____

Date: _____

Please submit the completed form along with any additional documents by one (1) of the following methods:

MAIL TO: Ann Ryan, Coordinator
NYS Unified Court System
Office of Language Access
25 Beaver St. 8th Floor
New York, NY 10004

FAX TO: 212-428-2548

EMAIL TO: interpretercomplaints@nycourts.gov