

Interpretation Services Complaint Form

VIRGINIA FOREIGN LANGUAGE SERVICES

<p>E-mail to: flscoordinator@vacourts.gov or Mail to: DEPARTMENT OF JUDICIAL SERVICES SUPREME COURT OF VIRGINIA 100 N. 9TH Street, 2ND Floor Richmond, VA 23219</p>	<p>Complete and submit this form if you have a complaint or concern regarding interpretation services, including whether services were provided or denied, or the quality or accuracy of the interpretation rendered. The Office of the Executive Secretary of the Supreme Court of Virginia, the supervising agency for court interpretation services in Virginia, takes all concerns seriously. Each submission will be reviewed carefully and addressed as promptly as possible. You will be notified of any findings and whether corrective or remedial action will be taken, as appropriate.</p>
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YOUR NAME:	Mr. _____ Mrs. _____ Ms. _____ Mx. _____
YOUR ADDRESS:	First _____ Initial _____ Last _____ Street Address or P.O. Box _____ City _____ State _____ Zip Code _____ Email _____
	Phone Number: Work _____ Home _____ Other _____ Other _____

INTERPRETER'S NAME: (if applicable)	Mr. _____ Mrs. _____ Ms. _____ Mx. _____
SERVICE LOCATION:	First _____ Initial _____ Last _____ Street Address or P.O. Box _____ City _____ State _____ Zip Code _____
Magistrates Office (Check if applicable)	Phone Number _____ Service Date (mm/dd/yyyy) _____

DESCRIBE YOUR COMPLAINT REGARDING INTERPRETATION SERVICES: Include court name and case number (if applicable)

YOUR SIGNATURE:	<p><i>(Continue on the back or a separate page if you need more space. Also, attach copies of any documents that help explain your complaint.)</i></p> <hr/> <p>Answer the following questions:</p> <p>Have you, or someone acting on your behalf, contacted us about an interpretation service complaint before? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, did the previous contact involve the same issue? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Furthermore, if yes, please state when this complaint was made and the outcome:</p>
	DATE: _____

FORM MUST BE SIGNED AND DATED