

Superior Court of California, County of San Luis Obispo 1035 Palm Street, San Luis Obispo, CA 93408

Language Access Complaint Form

Complainant Personal Information Today's date:	Are you submitting this complaint on behalf of Another individual? If yes, please provide your Contact information below:
Name:	Today's date:
Telephone:	Name:
Address:	Telephone:
	Organization:
	Address:
E-mail:	
Primary language you speak:	E-mail:
Primary language you write:	Primary language you speak:
Best contact method:	Primary language you write:
mail e-mail phone	Best contact method:
	mail e-mail phone
☐ I asked for an interpreter but did not get one Tell us when (date) and where (location) Case number (if any): ☐ I am not satisfied with the services of the in Name of the Interpreter: Interpreter Badge #: Date of interpreter service: Case number (if any):	this happened:
Other complaint (please be as detailed as po	ossible):

Other com	nents or suggest	ions:		
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Thank you. To fully investigate your complaint, we may need to contact you for additional information. Please note that if your complaint does not fall within Language Access Services jurisdiction it will be forwarded to the appropriate department/agency for investigation. All complaints must be mailed to the address above, or emailed to slocourt@slo.courts.ca.gov, or hand delivered to 1035 Palm Street, Room 355, San Luis Obispo, CA, 93408. The Court will contact you within 60 days upon receipt of your complaint.