



Superior Court of California,
 County of San Francisco
 Rose Gonzalez
 850 Bryant Street
 San Francisco, CA 94103

LANGUAGE ACCESS CUSTOMER COMPLAINT FORM

If you believe you have not been provided with reasonable or professional language access, please print and complete this form and submit it by mail to the address listed above.

YOUR FULL NAME: _____ **TODAY'S DATE:** _____

YOUR ADDRESS: _____

YOUR DAYTIME TELEPHONE NUMBER(S): () _____

YOUR CASE NUMBER(S) INVOLVED IN THIS COMPLAINT: _____

WHERE DID THIS HAPPEN? (check one):

- Civic Center Courthouse Community Justice Center Juvenile Justice Center Hall of Justice

WHEN DID THIS HAPPEN (please give us the exact date or time frame such as "last week", etc.)

THIS COMPLAINT IS ABOUT (check one):

- Interpreter Staff** (please name): _____
- Other courthouse staff** (please name): _____
- Result of case:** _____
- Other, specify:** _____

WHAT IS YOUR COMPLAINT? Please be detailed and specific. You may attach additional sheets if you need more writing space.

Additional sheets attached.

WHAT WOULD YOU LIKE HAVE DONE AS A RESULT OF THIS COMPLAINT?

WHAT OTHER INFORMATION DO YOU THINK IS IMPORTANT FOR US TO KNOW?

*******DO NOT WRITE BELOW THIS LINE*******

Date Received: _____ Date Reviewed: _____ Date of Action Taken: _____

By (initials): _____ By (initials): _____ By (initials): _____