

Superior Court of California, County of San Mateo

Interpreter Services Division Hall of Justice 400 County Center, 2nd Floor **Red**wood City**, CA 94063**

E-Mail: CourtInterpreter@sanmateocourt.org

Language Access Complaint Form

The San Mateo Superior Court is committed to providing language access for individuals who are unable to understand English. If you believe you have not been provided with reasonable or professional language access, please complete this form and submit it to any clerk at a public counter, via email or by mail to Court Interpreter Division at the address above.

Person making the comp	laint (Please print):				
NAME:					
ADDRESS:					
TELEPHONE No.: DAY ()	EVENIN	EVENING ()		
CITY:	S	TATE:	ZIP:		
FAX: ()	EM/	AIL:			
	·			o was involved, the identity of ts. Please include copies of any	
Case No.:	Location/Courthouse:				
Room/Dept. No.:					
information. Please note	that if your complain	int does not fall with	nin LAS jurisdic	o contact you for additional tion, it will be forwarded to vithin 30 days upon receipt	
Signature:		Date:			