

# Interpreter Complaint Form

## VIRGINIA FOREIGN LANGUAGE SERVICES

<p style="text-align: center;"><b>Mail to:</b>  DEPARTMENT OF JUDICIAL SERVICES  SUPREME COURT OF VIRGINIA  100 N. 9<sup>TH</sup> Street, 5<sup>th</sup> Floor  Richmond, VA 23219  Telephone: 804.371.9241</p>	<p>Complete and submit this form if you have a complaint about an interpreter's conduct or performance. The Office of the Executive Secretary of the Supreme Court of Virginia, the supervising agency for Virginia court interpreters, takes all complaints against interpreters very seriously. Your complaint will be given our full attention and will be resolved as quickly as possible. You will be notified of any findings and whether corrective action will be taken.</p>
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<b>YOUR NAME:</b>	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	
<b>YOUR ADDRESS:</b>	First <input type="text"/> Initial <input type="text"/> Last <input type="text"/>	Phone Number: Work Home Other Other
	Street Address or P.O. Box <input type="text"/>	
	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	
	Email <input type="text"/>	

<b>INTERPRETER'S NAME:</b>	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	
<b>SERVICE LOCATION:</b>	First <input type="text"/> Initial <input type="text"/> Last <input type="text"/>	Phone Number Work Home Other Other
	Street Address or P.O. Box <input type="text"/>	
	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Service Date (mm/dd/yyyy) <input type="text"/>

DESCRIBE YOUR COMPLAINT AGAINST THE INTERPRETER:

<b>YOUR SIGNATURE:</b>	<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>	
	<p><b>Answer the following questions:</b></p> <p>Have you, or someone acting on your behalf, contacted us about this interpreter before? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If yes, did the previous contact involve the same complaint? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>Furthermore, if yes, please state when this complaint was made and the outcome:</p>	

**FORM MUST BE SIGNED AND DATED**