



# Oregon Judicial Department

Language Access to Court Services

## Complaint Form

Complete and **submit** this form **OR** email to [Court.Interpreter.Program@ojd.state.or.us](mailto:Court.Interpreter.Program@ojd.state.or.us) **OR** fax to 503-961-7636  
**OR** mail to 1163 State Street, Salem, OR 97301



*If you do not speak/write in English, Court Interpreter Services has access to interpreters and can speak to you in any language.*

### COMPLAINANT PERSONAL INFORMATION

**Person who experienced the denial of language access to court services:**

Name: \_\_\_\_\_  
*First Middle Last*

Phone #: \_\_\_\_\_  
*Home Cell*

Mailing Address: \_\_\_\_\_  
*PO Box or Street Address City State Zip*

Email: \_\_\_\_\_

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**Are you filling in this complaint form on behalf of another individual? If yes, please provide *your* information:**

Name: \_\_\_\_\_  
*First Middle Last*

Phone #: \_\_\_\_\_  
*Home Cell*

Mailing Address: \_\_\_\_\_  
*PO Box or Street Address City State Zip*

Email: \_\_\_\_\_

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## **COMPLAINT DETAILS**

### **Reason for filing complaint**

The court did not offer an interpreter

The interpreter did not speak my language

The interpreter did not interpret correctly

The court limited or denied access to OJD-supported programs, activities, or services due to limited English proficiency

The court did not provide timely translation of documents that were vital, time-sensitive, or that required a response

Other

**What happened?** *Describe your complaint. Give as much detail about your experience as possible.*

*Continue on page 5, if needed.*



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**COURT INFORMATION**

Court Name and/or County: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip*

Your Case Number: \_\_\_\_\_

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**Is there any other information you want us to know about or consider?**

*Continue on page 5, if needed.*

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*Continue on this page if needed.*

**KEEP A COPY OF THIS COMPLAINT FOR YOUR RECORDS.**