

Language Access Complaint Form

The Solano 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 in person or by mail.

Claimant: (Please print)

Name:	Phone:		
Home Address:			
City:	State:	Zip:	
Mailing address (if different):		-	
City:	State:	Zip:	

Please detail your complaint below: (Please specify what occurred, the date, who was involved, the identity of any witnesses and their contact information and the existence of supporting documents. Please include copies of any relevant documents.)

Court Staff Involved: (Please print)

Name:	Case No:	Department:	
Additional Parties:		-	
Date of Incident:	Time of Incident:		

Nature of Complaint:



To fully investigate your complaint, the court may need to contact you for additional information. Please note that if your complaint does not fall within Language Access needs, it will be forwarded to the appropriate department/agency for investigation.

Signed: _____