

## **Superior Court of California, County of Los Angeles**

Language Access Services 1945 S. Hill Street, Room 801 Los Angeles, CA 90007 Email: LanguageAccess@LACourt.org

## LANGUAGE ACCESS COMPLAINT FORM

The Los Angeles 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 via email or by mail.

Person n	naking the complaint (Please	print):		
NAME:_				
ADDRES	S:			
*TELEPHONE NO.: DAY ( )			EVENING ( )	
CITY:			STATE: ZIP:	
FAX: (	)	_ EMAIL:		
identity	DETAIL YOUR COMPLAINT E of any witnesses and their co copies of any relevant docum	ntact information and		
Case No:	Location/Courth	nouse:		Room/Dept. No.:
Please no departme	ote that if your complaint doe	es not fall within LAS's All complaints must be	jurisdiction, it will be mailed to the addre	act you for additional information. be forwarded to the appropriate ss above, or may be emailed to of your complaint.
Signatur	e:		Date:	