



THE SUPREME COURT *of* OHIO

LANGUAGE SERVICES PROGRAM

Denial of Access to Interpreter
Complaint Form

Complete this form and submit it to The Supreme Court of Ohio Language Services Program
65 South Front Street, Columbus, Ohio 43215-3431. Fax: 614.387.9409. E-mail: lsp.resolution@sc.ohio.gov.

Date Submitted: _____

Personal Information (Please print clearly)

Name _____
First Middle Last

Language You Speak _____

Address _____
Street City State Zip Code

Home Phone () _____ Cell Phone () _____ E-Mail _____

Court Information

Court Name _____ Judge Name _____

Address _____
Street City State Zip Code

Phone () _____ Your Case Number _____

Date of Court Hearing or Appearance _____

Reason for Filing Complaint

- The court did not provide an interpreter
 The interpreter did not speak my language
 The interpreter did not interpret correctly
- Other (Explain): _____

You may also submit supporting documentation as a supplement to this form.

**Retaliation of any kind against a person who has made a complaint,
and/or assisted in any way with the investigation of the complaint is prohibited under
Title VI of the civil Rights Act of 1964, 42 USC Sec. 2000d.**