



State of Rhode Island Judiciary

Supreme Court

Language Assistance Complaint

The Rhode Island Judiciary is committed to providing the best possible service to all individuals needing interpreter services as governed by Rhode Island Supreme Court Executive Order 2012-05. If you have a complaint about the provision of language services, you may file a complaint with the Office of Court Interpreters (OCI).

Instructions

Step 1: Complete the form on the next page to file a complaint.

Step 2: All answers are not required, but please be as specific as possible when answering. If you need more space for any section of the complaint, you may use additional sheets.

Step 3: Mail or email your complaint to the OCI at the address below.

Vanessa Dean, OCI Coordinator
Office of Court Interpreters
250 Benefit Street
Providence, Rhode Island 02903
Email: interpreterfeedback@courts.ri.gov

Step 4: Your complaint will be reviewed and responded to by the State Court Administrator or designee **within thirty (30) days of receipt.**



State of Rhode Island Judiciary

Supreme Court

Language Assistance Complaint

Section I: Background Information	
Name:	Today's Date:
Address:	
Telephone:	Email:
Date Incident Occurred:	Approximate Time Incident Occurred: _____ a.m. _____ p.m.
Location:	<input type="checkbox"/> Providence County <input type="checkbox"/> Kent County <input type="checkbox"/> Washington County <input type="checkbox"/> Newport County <input type="checkbox"/> Other:
Court:	<input type="checkbox"/> Supreme <input type="checkbox"/> Superior <input type="checkbox"/> Family <input type="checkbox"/> District <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Traffic Tribunal <input type="checkbox"/> Other (Clerk's Office, public area, etc.):
Courtroom Number:	Judge:
This was a:	<input type="checkbox"/> Civil matter <input type="checkbox"/> Criminal matter <input type="checkbox"/> Unknown <input type="checkbox"/> Other:
Language service needed in:	<input type="checkbox"/> Spanish <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Portuguese <input type="checkbox"/> Other:
Name of interpreter (if applicable):	

Section II: Complaint
Please describe the incident in detail and the basis for your complaint:
Were there any witnesses? If so, please list the name(s) and contact information:
Did you discuss this matter with court staff? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom and when?
Signature:
Send a copy of this form to Vanessa Dean, Office of Court Interpreters, 250 Benefit Street, Providence, RI 02903 or by email at interpreterfeedback@courts.ri.gov .