

LANGUAGE ACCESS COMPLAINT FORM

The Santa Barbara Superior Court is committed to providing language access to individuals who do not speak, write, read, or 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 to ctadmin@sbcourts.org or by mail to Language Access Coordinator, 118 E. Figueroa St., Santa Barbara CA 93101.

NOTE: This form is for language access services only. To file a complaint about a specific court interpreter, please contact the Judicial Council directly. Complaint forms are available at https://languageaccess.courts.ca.gov/about/contact-us/court-interpreters-complaints.

Name:		
Address:		
City:	State:	Zip:
Phone No. Day: ()	Evening: ()
	ormation and the existence of sur	t occurred, who was involved, the identity oporting documents. Please include copies
Case No. (if any):	Date:	
Location/Courthouse:	Room/De _l	ot. No.:
Complaint:		
To fully investigate the complaint, the additional information. Please note the forwarded to the appropriate departm upon receipt of your complaint.	nat if the complaint does not fall v	
Signature:	Date	e: