

COURT INTERPRETER PROGRAM Grievance Form

Please print or type, use black ink.

Interpreter's Name:		Your Name:	
Street Address:		Street Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Area Code/Telephone:		Area Code/Telephone:	
Was this your interpreter?	<input type="checkbox"/> Yes	Your email address:	
	<input type="checkbox"/> No		
If no, whose?		Date(s) or Time Period when conduct occurred:	

STATEMENT OF FACTS: Describe specifically, and in chronological order, what you believe the interpreter did or failed to do that you believe was unprofessional. Use additional sheets if necessary.

I certify that all the information submitted is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Sign and date the form and submit to: Office of Court Operations-Court Interpreter Program, 110 E. Main Street, Suite 410, Madison WI 53703-3328 or email: carmel.capati@wicourts.gov or fax: 608.267.0911