



Michigan Supreme Court

State Court Administrative Office

Trial Court Services Division

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Foreign Language Board of Review

INSTRUCTIONS FOR FILING A FOREIGN LANGUAGE INTERPRETER COMPLAINT

Before filing a complaint with the Foreign Language Board of Review, you must attempt to settle the matter with the interpreter directly. We recommend, but don't require, that you do this in writing to make a record of your concerns with the interpreter. If you are not satisfied with the interpreter's response, mail your complaint **and copies of your correspondence to the interpreter and the interpreter's written response to:**

The Foreign Language Board of Review
P.O. Box 30048
Lansing, MI 48909

The Board reviews all complaints at quarterly meetings held in March, June, September, and December.

Complaints should include a detailed account of the incident(s) and the alleged incompetence, misconduct, or omission pursuant to MCR 8.127 *et seq.* Such complaints may arise from a failure to follow one or more of the Canons found in the Code of Professional Conduct for Foreign Language Court Interpreters in Michigan Courts.

Please complete the attached form as completely as possible.

FOREIGN LANGUAGE INTERPRETER COMPLAINT*

Interpreter Name		Language
Business Name		Business Phone
Address		
City	State	Zip

PERSON FILING COMPLAINT

First Name	Middle Initial	Last Name		
Address		City	State	Zip
Primary Phone	Secondary Phone	E-Mail		

Have you attempted to resolve this matter prior to filing this complaint? Yes No

If you have attempted to resolve this matter prior to filing this complaint, please attach any correspondence demonstrating such attempt(s).

THE COMPLAINT

Please describe the incident that led to your complaint (you may attach a separate letter, if necessary). Specify pertinent dates and details of the incompetence, misconduct, or omission. Please use additional paper if necessary. **Please attach any documents, which will help describe the problem and substantiate your side of the dispute.**

I certify that I have read the information contained in the complaint, and that all of the information I have given is true, correct, and complete to the best of my knowledge, information, and belief.

I authorize the Board to provide a copy of my complaint and any supporting documents to any public agency, that has any authority or jurisdiction over the matter specified in this complaint.

YOUR SIGNATURE: _____ DATE: _____

Please do not write below this line

FOR SCAO PURPOSES ONLY

Certification Number: _____ Qualified Certified Other: _____

Investigation Summary (attach documents if necessary): _____

SCAO Review Decision: _____

*Please note that this complaint form should not be used for the deaf or hard of hearing interpreters.