

ATIACHMENT 8
36th Judicial District
Language Access Plan
Attachment A - Complaint Procedure and Form

Should a court client/customer feel that his/her rights to meaningful language access have not been met by the Court, the following procedure may be followed to register a complaint:

1. The person with the complaint (the complainant) should contact the 36th Judicial District Language Access Coordinator to report the complaint by completing and submitting the attached Language Access Complaint Form.

Contact information: District Court Administrator Beaver County Courthouse, 810 Third Street, Beaver, PA 15009, Phone: 724-770-4700 Fax: 724-728-8708:
Email: languageaccess@beavercountypa.gov

If the complainant does not believe that their concerns have been adequately addressed or resolved with the 36th Judicial District language access coordinator, the complainant should contact the Coordinator for Court Access at the Administrative Office of the Pennsylvania Courts, (AOPC).

Contact information: Mary Vilter, Esq., 1515 Market Street, Suite 1414, Philadelphia, PA 19102, phone: 215.560.6300, fax: 215.560.5485,
Email mary.vilter@pacourts.us.

2. The complainant may also, at any time in this process, contact the United States Department of Justice.

Contact information: Federal Coordination and Compliance Section, Civil Rights Division, United States Department of Justice, 950 Pennsylvania Avenue NW, Washington, D.C. 20530, (888) 848-5306 or (202) 307-2678 (TDD).

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36th Judicial District Language Access Complaint Form

The 36th Judicial District is committed to providing services to all members of the community it serves, regardless of their ability to speak English, in compliance with Title VI of the Civil Rights Act of 1964, PA Act 172 of 2006, and the Regulations Governing Court Interpreters implemented by the Pennsylvania Supreme Court. If you feel you have been denied services because of the language you speak, please complete this form and bring it or send it to the court as indicated.

The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please contact the 36th Judicial District:

District Court Administrator Beaver County Courthouse, 810 Third Street,
Beaver, PA 15009, Phone: 724-770-4700 Fax: 724-728-8708:
Email: languageaccess@beavercountypa.gov

1. Name of person filing complaint (the complainant):
2. What language do you prefer to communicate in:
3. Complainant's Address:
4. Complainant's Contact Information: Home Phone: Work Phone: Mobile Phone: E-mail:
5. If you are filing on behalf of another person, please include your name, address, phone number, and relation to the complainant:

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Name:
Address:
Phone:
E-mail:
Relationship to Complainant:

Please provide the following information about where and when your rights to language access were not met.

Please write the date and time when you were at the courthouse.

Date _____ Time _____

Did you request language assistance? Yes No

What was your business in the courthouse on that day?

Were you in a courtroom when you felt that your language access rights were not met?
Yes No

If you were in a courtroom, please provide as much of the following information as possible:

Name of your case _____
Case number _____
Courtroom number _____
Judge's Name _____

If you had an interpreter, write the interpreter's name here

What was interpreter's language? _____

If you were not in a courtroom when you felt that your language access rights were not met, where in the courthouse were you?
(For example, was it a clerk's counter, information counter? Somewhere else in the courthouse?) Please write where in the courthouse the event took place.
