

**Marion Superior Court**  
**Complaint Form- Interpreter**

This form is to document, in written format, a complaint regarding an Interpreter who appeared in Marion Superior Court. Please thoroughly complete the form with as much detail and specific information as possible, including: specific times, dates, locations and any witnesses. Once complete, please return this form to the Chief Operations Officer, 675 Justice Way, Indianapolis, IN 46203. All complaints and investigations will be conducted expeditiously with as much confidentiality as possible.

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Case ID #: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Employee(s) Involved: \_\_\_\_\_

Witnesses: \_\_\_\_\_

\_\_\_\_\_  
Detail the events of the occurrence (Be as specific as possible, citing names of witnesses, court location of the occurrence, date(s) and time(s) of the occurrence. Use additional sheets of paper if necessary):

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date signed