

WISCONSIN COURT INTERPRETER PROGRAM
Complaint Form

Complainant's Name:
City:
State:
Area Code/Telephone:
E-mail address:

Interpreter's Name:	
Was this your interpreter?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
If not, whose interpreter?	
Language Interpreted:	
Name of Case and Case number (if known):	
Name of Judge (if known):	
Branch (if known):	
County:	
Date(s) or Time Period When Conduct Occurred:	
Other Location Information:	

STATEMENT OF FACTS: Please describe with as much detail as possible what you believe the interpreter did or failed to do that was unprofessional. Use additional sheets if necessary.

Sign and date the form:

Signature of Person Issuing Complaint

Date

Submit by mail or e-mail:

Court Interpreter Program
110 E. Main Street, Suite 410
Madison WI 53703-3328

E-mail: alexandra.wirth@wicourts.gov