

COURT INTERPRETER COMPLAINT FORM

Idaho Supreme Court Administrative Office of the Courts

The courts and individuals with limited English proficiency rely heavily on an interpreter's skills, performance, and integrity in his or her duties, regardless of whether or not the interpreter is certified. It is for this reason that an interpreter may be disciplined or lose his or her certification or registration or placement on the Supreme Court roster for acting in a manner inconsistent with the [Idaho Code of Professional Responsibility for Interpreters in the Judiciary](#), state law, Supreme Court rule or order, or administrative policy.

A staff interpreter or county employee who serves as an interpreter is also subject to local personnel policies. Additional disciplinary action relating to the performance of duties may be taken by his or her employer. See [Idaho Court Interpreter Policy Manual](#) Section 5.0 and [Idaho Court Administrative Rule 52.1](#).

A complaint must be submitted in writing, using this form or a document that complies with Idaho Court Administrative Rule 52.1, within **180 days** of learning that alleged misconduct occurred.

Submit this form or written complaint by mail, email, or in person to:

Statewide Language Access Office
Idaho Supreme Court
P.O. Box 83720
451 W. State Street
Boise, ID 83720-0101
languageaccess@idcourts.net

PLEASE PRINT OR TYPE

A. YOU, as the complaining party:

Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Email address: _____

B. Interpreter Name: _____

Date of Incident: _____ Time: _____ Location: _____

Judicial District: _____ County: _____

Docket Number: _____ Case Name: _____

Was this your interpreter? Yes No If not, whose interpreter? _____

C. Please describe the alleged misconduct and why you believe it was improper:

D. Please identify potential witnesses to the interpreter's alleged misconduct:

1. Name: _____

Witness title: _____

Phone number: _____

2. Name: _____

Witness title: _____

Phone number: _____

The above information is true and correct, to the best of my knowledge.

Signature of the complaining party

Date

This form may be submitted in your preferred language. For language assistance, please contact the Language Access Office at languageaccess@idcourts.net or 208- 947-7554.