

**ISLAND COUNTY SUPERIOR COURT
LANGUAGE ACCESS PLAN
COMPLAINT FORM**

DATE: _____

COMPLAINANT'S NAME (OPTIONAL): _____

COMPLAINANTS CONTACT INFORMATION:

ADDRESS: _____

PHONE: _____

EMAIL: _____

Please state with specificity why you believe the Court is out of compliance with the Island County Superior Court Language Access Plan, any State or Federal Statute or any State or Local Court Rule. Attach additional pages if needed.

When completed, this complaint should be submitted to:

Island County Superior Court Administrator

Physical Address: 101 NE 6th Street, Coupeville, WA 98239

Mailing Address: 1 NE 7th Street, Coupeville, WA 98239

Email: SuperiorCourt@islandcountywa.gov