# Language Assistance Services Complaint Form

## Interpretation or Translation

Please return the completed form to the Federal Programs Office:
1660 Winder Highway, Jefferson, GA 30549
Phone: (706) 367-5151 Fax: (706) 367-9768
lbell@jcss.us or lbonnes@jcss.us

**Parent/Guardian Contact Information:** Date: _____

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Address (optional): _____

Child's/Children's Name(s): _____

Language Requested: _____

Please explain, in your primary language, the written translation or oral interpretation services that you are dissatisfied with. Provide as many details as possible, including the name(s) of document(s) and the name of the department or school. You may add additional pages if necessary.

Date of Service (if applicable): _____ School or Department: _____

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Some documents may be interpreted rather than translated. **Non-district approved interpreters (included students and other children) may not be used for interpretation.**

For more information on Language Assistance Services please contact the Federal Programs Office. All services are free to parents and guardians.

**YOUR INTERPRETATION AND TRANSLATION NEEDS ARE VERY IMPORTANT TO US.**