

# LANGUAGE ASSISTANCE PLAN GRIEVANCE PROCEDURE

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This Grievance Procedure is established to resolve allegations filed by Limited English Proficient (LEP) or deaf, hard of hearing, and deaf-blind (D/HH/DB) parties that the court is out of compliance with its own Language Access Plan (LAP).

The complaint shall be in writing and contain information about the alleged noncompliance. The written complaint shall be submitted as soon as possible, but no later than 30 calendar days after the alleged violation.

In order to assist Snohomish County in obtaining the necessary information for your complaint, please follow these steps:

1. Complete Snohomish County's Superior Court LAP Complaint Grievance form
2. Sign and date the form
3. Submit the form and any attachments to:

## **Snohomish County District Court**

Court Administrator  
3000 Rockefeller Ave, MS 508  
Everett, WA 98201  
425-388-3895  
FAX: 425-388-6480  
Email [SDCInterpreterSupport@snoco.org](mailto:SDCInterpreterSupport@snoco.org)

## **Snohomish County Superior and Juvenile Court**

Assistant Administrator  
3000 Rockefeller Ave, MS 502  
Everett, WA 98201  
425-388-3761  
FAX: 425-388-3498  
Email [SSCInterpretersSupport@snoco.org](mailto:SSCInterpretersSupport@snoco.org)

Within 15 calendar days after receipt of the complaint, the designated court representative will respond in writing to the complainant. The response will explain the position of the Court and may offer options for substantive resolution of the complaint. Subsequent to the written response, the complainant may appeal the decision within 15 calendar days after receipt of the response to the Presiding Judge, who will respond within 15 calendar days in writing to the complainant.

Should the complainant not be satisfied with the Presiding Judge's response, the complainant shall be advised of their right to file a complaint with the Washington State Interpreter Commission and/or U.S. Department of Justice Civil Rights Division.

Washington State Interpreter Commission  
c/o Interpreter Commission Staff  
Administrative Office of the Courts  
PO Box 41170  
Olympia, WA 98504-1170  
360-350-5373

U.S. Department of Justice  
950 Pennsylvania Avenue NW  
Civil Rights Division  
Disability Rights Section 1425 NYAV  
Washington, DC 20530  
FAX: (202) 307-1197  
Online: [www.ada.gov](http://www.ada.gov)

**LANGUAGE ACCESS PLAN  
GRIEVANCE FORM**

COMPLAINANT NAME: \_\_\_\_\_

DESIGNEE NAME (If applicable): \_\_\_\_\_

Designee relationship to Complainant (if applicable): \_\_\_\_\_

CONTACT INFORMATION: Complainant: \_\_\_\_ Designee: \_\_\_\_ (Check one)

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

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DETAILED DESCRIPTION OF SPECIFIC COMPLAINT: Include all known details such as date, location, circumstance, and persons involved. (Use additional paper if necessary. Attach any other information which you believe is pertinent).

REMEDY REQUESTED: (Use additional paper if necessary)

Complainant or Designee Signature / Date \_\_\_\_\_

Send to:  
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