

# TENNESSEE COURT INTERPRETER CREDENTIALING PROGRAM

Administrative Office of the Courts  
511 Union Street, Suite 600  
Nashville, TN 37219  
(615) 741-2687 or (800) 448-7970

## COMPLAINT AGAINST A FOREIGN LANGUAGE INTERPRETER SUPREME COURT RULES 41 AND 42

Your Name: \_\_\_\_\_  
(please type or print)

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

Phone: Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

I have information of possible misconduct on the part of \_\_\_\_\_ (name of interpreter).

### STATEMENT OF FACTS

(You may attach additional pages if necessary)

1. When and where did this happen?

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

2. If your information arises out of a court case, please answer these questions:

a) In what court was the case heard?

criminal       domestic relations       general sessions       probate  
 civil       juvenile       other (specify) \_\_\_\_\_

b) What is the name and number of the case?

Case name: \_\_\_\_\_ Case No. \_\_\_\_\_

c) What kind of case is it?

criminal       domestic relations       general sessions       probate  
 civil       juvenile       other (specify) \_\_\_\_\_

d) What is your relationship to the case?

plaintiff/petitioner       defendant/respondent  
 attorney for \_\_\_\_\_  
 witness for \_\_\_\_\_  
 other (specify): \_\_\_\_\_

e) Identify attorney(s) involved in the case:

Name of attorney: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Represented: \_\_\_\_\_

Name of attorney: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Represented: \_\_\_\_\_

3. List documents that help support your information that the interpreter has engaged in misconduct, noting which documents you have attached:

\_\_\_\_\_

4. Identify, if you can, any other witnesses to the interpreter's actions:

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

5. Specify below the details of what the interpreter did that you think constitutes misconduct. (Please type or print legibly; attach additional pages if necessary.)

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I UNDERSTAND THAT A COPY OF THIS COMPLAINT WILL BE GIVEN TO THE INTERPRETER AS WELL AS THE GRIEVANCE COMMITTEE APPOINTED BY THE ADMINISTRATIVE OFFICE OF THE COURTS TO HEAR THE GRIEVANCE.

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT THESE STATEMENTS AND INFORMATION CONTAINED IN ANY ATTACHED DOCUMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND CONSTITUTE ALL OF MY COMPLAINTS AS OF THIS DATE AGAINST THE ABOVE-NAMED INTERPRETER.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_