TRANSLATION/INTERPRETATION SERVICES COMPLAINT FORM

Parent/Guardian Contact Information

Name: ___________________________ Home Phone: ___________________________
Cell Phone: ___________________________ Email: ___________________________
Address (optional): ___________________________________________________________________________
School Name: _______________________________________________________________________________
Child/Children’s Name(s): ___________________________ Primary Home Language: ________________

Please explain, in your home 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 name of
department or school. You may add additional pages if necessary.

Date of Service (if applicable): _______________ School or Department: ___________________________
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When you have completed the form, please give it to a staff member at your school's main office or drop it
off at SFUSD’s Central Office (555 Franklin Street, first floor lobby). You may request a copy of this form
for your records.

Some documents may be interpreted rather than translated. Non-district qualified interpreters (including students and other
children) may not be used for interpretation, except in emergency situations.

For more information or assistance, you may leave a message by calling 415-522-7343. To access translated
documents, go to www.sfusd.edu and click on Services, Translation & Interpretation, and at the bottom of the page -
"Translated documents in different languages"

ALL SERVICES ARE FREE.