

New Mexico Administrative Office of the Courts Language Access Complaint Procedure

Should a court client/customer feel that their rights to meaningful language access have not been met by the court, the following procedure may be followed to register a complaint:

1. The person with the complaint (the complainant) should contact the NM Administrative Office of the Courts (AOC) Statewide Language Access Coordinator, Language Access Services.

Contact information:

Freda Valdez, Statewide Program Manager, Language Access Services, New Mexico Administrative Office of the Courts, 111 Lomas Blvd. NW, Albuquerque NM 87102, aocfev@nmcourts.gov, (505) 231-9229.

2. The complainant may also, at any time in this process, contact the United States Department of Justice.

Contact information:

Federal Coordination and Compliance Section, Civil Rights Division, United States Department of Justice, 950 Pennsylvania Avenue NW, Washington, D.C. 20530; 1-888-TITLE-06 (1-888-848-5306) (Voice / TTY).

**New Mexico Administrative Office of the Courts
Language Access Complaint Procedure**

The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please contact us at: New Mexico Administrative Office of the Courts, 111 Lomas Blvd. NW, Albuquerque NM 87102, aocfev@nmcourts.gov, (505) 231-9229.

Please complete and return this form to:

Freda Valdez, Statewide Program Manager, Language Access Services
New Mexico Administrative Office of the Courts
111 Lomas Blvd. NW, Albuquerque NM 87102
aocfev@nmcourts.gov
Phone: (505) 231-9229

1. Name of person filing complaint (the complainant):
2. Complainant's Address:
3. Complainant's Contact Information: Home Phone: Work Phone: Mobile Phone: E-mail:
4. If you are filing on behalf of another person, please include your name, address, phone number, and relation to the complainant: Name: Address: Phone: E-mail: Relationship to Complainant:
5. Please describe, in your own words, in what way you believe that your rights to language access were not met and whom you believe was responsible. Please use the back of this form or additional pages as needed:

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6. Please indicate the date/s when the above occurred:

7. Please sign below:

Signature _____

Date Signed _____

Return this form to:

Freda Valdez, Statewide Program Manager, Language Access Services

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