

# MINNESOTA COURT SYSTEM



## FEEDBACK / COMPLAINT FORM FOR DEAF AND HARD OF HEARING PERSONS

PLEASE COMPLETE THIS FORM ABOUT YOUR COURT EXPERIENCE

Minnesota's courts want to provide the best possible service to deaf and hard of hearing persons. Please help us to keep improving by telling us about your experience with the court system.

**1. Please rate the following (Check the Number):**

1 = Poor      2 = Fair      3 = Good      4 = Excellent

A. Court personnel were courteous and respectful.

\_\_\_1                      \_\_\_2                      \_\_\_3                      \_\_\_4

B. My court business was handled promptly and efficiently.

\_\_\_1                      \_\_\_2                      \_\_\_3                      \_\_\_4

C. The court facilities were adequate and accessible.

\_\_\_1                      \_\_\_2                      \_\_\_3                      \_\_\_4

D. Court staff were helpful and provided me with the information that I needed.

\_\_\_1                      \_\_\_2                      \_\_\_3                      \_\_\_4

E. I felt safe and secure at the court facility during my visit.

\_\_\_1                      \_\_\_2                      \_\_\_3                      \_\_\_4

F. Overall, I am satisfied with my court experience.

\_\_\_1                      \_\_\_2                      \_\_\_3                      \_\_\_4

G. Additional Comments:

- 2. DO YOU HAVE ANY FEEDBACK OR COMPLAINTS ABOUT THE INTERPRETER SERVICES THAT THE COURT PROVIDED TO YOU? IF SO, PLEASE EXPLAIN. (This information will be used to help improve our interpreter services to deaf and hard of hearing persons):**

<OVER>

**QUESTIONS 3 and 4 ARE OPTIONAL, BUT HELPFUL IN IMPROVING OUR SERVICE:**

**3. Why are you in court? (Please check ALL that apply)**

- Criminal Court                    (  Defendant                     Other)
- General Civil Court            (  Plaintiff                     Defendant)
- Family Court                    (  Petitioner                     Respondent)
- Domestic Abuse / Harassment Court
- Juvenile Court
- Conciliation Court
- Traffic Court
- Attorney
- Juror
- Witness
- Other (Specify: \_\_\_\_\_ )

**DATE** you were in court: \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**4. If you are a party in a case, do you have an attorney?     Yes     No**

**OPTIONAL:** You need not give us your name or contact information, but it will help us respond to your comments or get more information from you, if necessary. This information will not be released to any non-court agency or individual, except where otherwise provided by law or court rule.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ TTY \_\_\_\_\_

Email \_\_\_\_\_

**YES, I WANT TO BE CONTACTED.**

**NO, I DO NOT WANT TO BE CONTACTED**

**THANK YOU FOR GIVING US YOUR FEEDBACK!**

After you fill out this form, please drop it in the Customer Feedback / Suggestion Box (if available) OR give it to the Court Administration staff. Or you may mail or fax it to:

Court Interpreter Program  
Minnesota Judicial Center  
25 Rev. Dr. Martin Luther King, Jr. Blvd., Room 105  
St. Paul, MN 55155

Fax (651) 296-6609

All feedback forms will go to the local Court Administration Office and Judicial District Office, and will also be sent to the state Court Interpreter Program. Forms will not be released to any non-court agency or individual, except where otherwise provided by law or court rule. We appreciate your comments!