

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

Should a court client/customer feel that his/her 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 New Mexico Administrative Office of the Courts (AOC) Language Access Services Senior Statewide Program Manager to report the complaint by completing and submitting the attached Complaint Form, or by telephone.

Contact information: Bernice Ramos, New Mexico Administrative Office of the Courts, 110 Calle de Alegra, Las Cruces, New Mexico 88001; [aocbar@nmcourts.gov](mailto:aocbar@nmcourts.gov); (505) 231-1681.

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; (202) 514-4609 or (202) 514-0716 (TTY).

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**Complaint Form**

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, 110 Calle de Alegria, Las Cruces, New Mexico 88001; [aocbar@nmcourts.gov](mailto:aocbar@nmcourts.gov); (505) 231-1681.

Please complete and return this form to:  
Bernice Ramos, Language Access Services Senior Statewide Program Manager  
New Mexico Administrative Office of the Courts  
110 Calle de Alegria, Las Cruces, New Mexico 88001  
[aocbar@nmcourts.gov](mailto:aocbar@nmcourts.gov)  
Phone: (505) 231-1681

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:
 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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5. cont.

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

7. Please sign below:

Signature\_\_\_\_\_

Date Signed\_\_\_\_\_

Return this form to:

Bernice Ramos, Language Access Services Senior Statewide Program Manager  
New Mexico Administrative Office of the Courts  
110 Calle de Alegria, Las Cruces, New Mexico 88001  
[aocbar@nmcourts.gov](mailto:aocbar@nmcourts.gov)  
Phone: (505) 231-1681