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| **Community Interpretation/Translation Supporter Service**  **Report/Feedback Form for the Applicant** |

**Sections marked with an asterisk (\*) are only for those who used interpretation service.**

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| Applicant’s name/affiliation | |  | |
| Requested service/language | | Interpretation / Translation （Language） | |
| Know about this service | | □City hall/ward office □CCIA website □Friend  □Others ( | |
| \*Requested date and time  Actual time spent on interpretation | | ( / / ) from : to :  Actual time spent（ hours minutes） | |
| Request to continue using the service on the same matter | | Yes / No  If yes, when ( / / ）  YYYY MM DD | |
| \*Location  (Address/facility name)  Transportation | | Address:  Facility name:  public transportation（ ） / private vehicle / on foot / others ( ） | |
|  | | | |
|  | I make a report on this community interpretation/translation service as follows. | |  |
|  | |
| \*Evaluation of the interpretation:  **good interpretation without any problem / took a long time for the interpretation / had to ask back to confirm several times / others ( )** | | | |
| Your general feedback: | | | |
| Your requests to CCIA: | | | |

公益財団法人千葉市国際交流協会 CCIA 記入欄 コミュニティ通訳・翻訳サポーター活動 No.