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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 ( ）  |
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|  | I make a report on this community interpretation/translation service as follows. |   |
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| \*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.