

**STATE OF DELAWARE
SUPERIOR COURT**

**POLICIES AND PROCEDURES
CONCERNING COMPLAINTS AGAINST SUPERIOR COURT EMPLOYEES**

III. EXTERNAL COMPLAINTS

A. Policy: Complaints from individuals not employed by the Superior Court, shall be handled fairly and as expeditiously as possible in a manner consistent with the Superior Court's public service mission.

B. Procedure:

1. The complaint(s) is to be in writing using the attached complaint form (English and Spanish versions available) and a copy of the complaint(s) will be provided to the Court Administrator. Upon receipt of the complaint(s), it will be referred to the reporting supervisor of the person against whom the complaint is filed and discussed with appropriate management for resolution.

2. A response will be provided by management to the complainant and the Court Administrator promptly. A copy of the written response will also be provided to the person against whom the complaint was filed.

3. Should the complainant be unsatisfied with management's response, the complainant shall be referred to the next appropriate management level and the general procedures contained in Section 2 shall be followed.

4. This information and these forms are available on the Superior Court website and in the offices of the Court and Deputy Court Administrator.

Susan Judge
Superior Court Administrator

Effective Date: August 7, 2018

**SUPERIOR COURT OF DELAWARE
COMPLAINT FORM**

You should not use this form to address a decision you disagree with in a court case.

A. YOUR NAME:

(Last) (First) (MI)
Address: _____
(Street) (City) (State) (Zip Code)
Telephone: Home/Cell: _____; Work: _____
(Area Code) (Number) (Area Code) (Number)

B. PERSON COMPLAINT IS AGAINST:

NAME: _____ AGENCY: _____

POSITION (if known): _____

C. STATEMENT OF COMPLAINT:

Please fully and completely state all of the facts and circumstances of your complaint. PLEASE BE SPECIFIC, referring to relevant dates, times, and names of all persons involved. Attach as many additional pages as necessary to fully set forth all of the relevant facts and circumstances surrounding your complaint.

Date

Your Signature

This form should be sent: By Mail to:

OR

By Fax to:

**Court Administrator's Office
Leonard L. Williams Justice Center
500 North King Street, Suite 2850
Wilmington, DE 19801**

(302) 255-2261

COURT USE ONLY:

COMPLAINT NO. _____

RECEIVED BY: _____

DATE: _____

DIRECTED TO: _____

DATE: _____

