The Family Court of the State of Delaware

In and For [ ]  New Castle [ ]  Kent [ ]  Sussex County

**COMPLAINT FORM**

Complaints include communications related to the Court’s policies, practices, procedures, delays, mistakes or behavior as it relates to a court employee, job performance or condition of work.

**DO NOT** use this form if your complaint is related to the outcome or decision in your case. **YOU MUST FILE AN APPEAL IF YOU WOULD LIKE TO CHALLENGE THE OUTCOME OF YOUR CASE.**

|  |
| --- |
| (Please Type or Print) |
| **A. NAME AND CONTACT INFORMATION:** |
| [ ]  Mr. [ ]  Ms. |       |       |       |
|  | (Last) | (First) | (MI) |
| Address: |       |       |       |       |
|  | (Street) | (City) | (State) | (Zip Code) |
| Telephone (Include Area Code and Number): |       |       |
|  | [ ]  Home [ ]  Cell | Work |
| **B. 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: |       | File No.  |       |
| Time: |       | Pet. No.  |       |
| Names of Persons Involved: |       |
| Description of Occurrence: |       |
|       |
|       |
|       |
|       |
| [ ]  See Attached Sheets |
|  |
| Date |  | Your Signature |

|  |
| --- |
| **COURT USE ONLY** |
| RECEIVED BY: |       | DATE: |       |
| DIRECTED TO: |       | DATE: |       |
| RESPONSE FROM: |       | DATE: |       |