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.**

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| (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: | | | |  | | | | | | | | | | | | |
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| See Attached Sheets | | | | | | | | | | | | | | | | |
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| Date | | | | | | |  | | Your Signature | | | | | | | |

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