

**STATE OF DELAWARE
SUPERIOR COURT**

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

III. EXTERNAL COMPLAINTS

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

B. Procedure:

1. Complaints from persons not employed by the Superior Court should generally be referred to the supervisor of the person against whom the complaint is filed and the supervisor should discuss the complaint with the person against whom the complaint is filed.

2. A response should be provided by the supervisor (or other person as appropriate) to the complainant within a reasonable period of time, and a copy of any written response should generally be provided to the person against whom the complaint was filed.

3. If the complainant is not satisfied with the supervisor's response, the complainant should be referred to the appropriate person at the next supervisory level and the general procedures contained in Section II should be followed.

4. External complaints should be in writing using the attached complaint form (English and Spanish versions available). A copy of all complaint forms filed should be forwarded to the Court Administrator.

5. Copies of complaint forms (English and Spanish) are available in the Court Administrator's Office and Deputy Court Administrators' Offices and are posted on the Superior Court's website. These policies and procedures are also available in the above offices and on the Superior Court website.

Maureen Golden Frederick
Superior Court Administrator

Effective Date: January 1, 2011

**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: _____; 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
New Castle County Courthouse,
500 North King Street, Suite 2850
Wilmington, DE 19801**

(302) 255-2261

COURT USE ONLY: _____ **COMPLAINT NO.** _____

RECEIVED BY: _____ **DATE:** _____

DIRECTED TO: _____ **DATE:** _____

