

**DELAWARE SEX OFFENDER MANAGEMENT BOARD  
COMPLAINT FORM**

Submission of this form means that you are filing a formal complaint with the Sex Offender Management Board against a SOMB provider. Please complete this form as instructed in its entirety. Incomplete forms or complaints submitted without necessary information will be returned. Upon receipt of this completed form, your complaint will be reviewed according to the SOMB complaint and grievance process. (Please note that the Board only has authority over individual listed providers and can only respond to actual violations of the *Standards*.)

**Complainant Name (s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**Service Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone#** \_\_\_\_\_

**SECTION I: NATURE OF COMPLAINT**

Provide a description of the situation or circumstances related to the violation of the Standards.

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**SECTION II: STANDARD(S) VIOLATED**

The specific SOMB Standard(s) must be cited and how they were allegedly violated by the provider. Please refer to Standards and Guidelines for details.

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**SECTION III: DESIRED OUTCOME**

Describe your proposed resolution.

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You will be notified in writing throughout the Board's complaint review process of any action taken and the decision as a result of the complaint. (Please note all complaints must be signed)

**SIGNATURE:**

**DATE:**

