**Guardianship/Conservatorship Complaint (GC)**

**Instructions**

1. You can file a complaint about a guardianship/conservatorship or a guardian/ conservator if you don’t have a lawyer.
2. The Guardianship/Conservatorship Complaint is an optional form. You may use this form or you may write a letter. Either way, the complaint goes to the court.
3. Complete this form or your letter with as much information as you can provide to explain your complaint to the court.
4. Give your complaint to the superior court where the guardianship/ conservatorship is filed. Give your document to:

Name:

Title:

Mailing Address:

Email:

Telephone:

1. If you want more information about the law on complaints, see RCW 11.130.140.

**Complaint**

1. **Person Making this Complaint**

Name

Mailing Address

Email

Telephone:

Relationship to the individual:

1. **Individual Subject to Guardianship/Conservatorship (Individual)**

Name:

Mailing Address:

County in which the case is filed:

Case Number (located on the upper right corner of court paperwork, if you know it):

1. **Guardian/Conservator**

Name of Guardian/Conservator

1. **Describe Your Complaint**

Describe your concerns below. Please be as specific as possible. Include dates and places if you can. You can use more paper or attach documents if you want. Please do not attach confidential reports, personal health care records, or financial source documents. To ensure their privacy, attach such documents to the *Sealed Cover Sheet – Guardianship/Conservatorship Document*, *form GDN ALL 001*, and give the court the cover sheet and documents with your complaint.

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1. **Other people with information:**

Please list other people such as family members, friends, facility staff, or other professionals who have information about the incident(s) you described.

Name of person: Relationship to Individual:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at *(city)*  , *(state)*  on *(date)*

*Signature Printed Name*