

# GRIEVANCE AGAINST A CERTIFIED PROFESSIONAL GUARDIAN

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## 1. INCAPACITATED PERSON:

Name: \_\_\_\_\_  
(Last name, first name, middle initial)

County in which guardianship is filed: \_\_\_\_\_

Guardianship Case # (upper right corner of pleading): \_\_\_\_\_

## 2. GRIEVANT:

Your Name: \_\_\_\_\_  
(Last name, first name)

Your Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Your Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Your Email: \_\_\_\_\_

Your Relationship to the Incapacitated Person or to the case: \_\_\_\_\_

## 3. CERTIFIED PROFESSIONAL GUARDIAN:

Name: \_\_\_\_\_  
(Last name, first name)

Agency Name (if any): \_\_\_\_\_

CPG Number (if you know it) \_\_\_\_\_

**4. DESCRIPTION OF YOUR GRIEVANCE:**

a. Is the guardianship in effect now?

- Yes  No

b. Has the guardianship court considered the matters you are concerned about?

- Yes  No

If yes, what was the result? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Have you complained to any other agency?

- Yes  No

If yes, which agency(s) and what was the result? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Have you discussed your concerns with the guardian?

- Yes  No

e. Please describe what the guardian did or did not do, what they said, or any other actions of the guardian that you are concerned about. Be as specific as possible and includes dates, times, and places. Use additional paper as needed. **Please attach copies of any relevant documents, such as court orders, petitions, letters to or from the guardian, etc.**

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**Consent and Affirmation:**

I understand that the filing of a grievance constitutes my consent to the disclosure of the content of my grievance to the Certified Professional Guardian, the Certified Professional Guardian Board, the Superior Court, and to others; and to the disclosure by the Guardian Investigator and by others of any information relevant to the investigation. I understand that my grievance may become public. I understand that this grievance form is a public record.

In filing this grievance with the Certified Professional Guardian Board, I affirm that the information I am providing is true and accurate to the best of my knowledge.

Date: \_\_\_\_\_ Signed at: \_\_\_\_\_  
(City, State)

Signature: \_\_\_\_\_

**Mail the completed and signed Grievance Form to:**

Administrative Office of the Courts  
Attn: Certified Professional Guardian Board  
1206 Quince St SE  
P O Box 41170  
Olympia, WA 98504-1170