

GRIEVANCE AGAINST A CERTIFIED PROFESSIONAL GUARDIAN/CONSERVATOR

1. Individual Subject to Guardianship/Conservatorship:

Name: _____

County in Which Guardianship is Filed: _____

Guardianship Case # (upper right corner of pleading): _____

2. Grievant:

Your Name _____

Your Address _____

Your Phone Number _____

Your Email Address _____

Your relationship to the Individual Subject to Guardianship/Conservatorship, or to the case:

3. Certified Professional Guardian/Conservator

Name _____

CPGC Number: _____

Agency Name (if any) _____

CPGA Number _____

4. Description of Your Grievance

Is the Guardianship in Effect Now?

Yes _____ No _____

Has the Guardianship Court Considered the Matters You are Concerned About?

Yes _____ No _____

Have You Complained to any other Agency?

Yes _____ No _____

Have You Discussed Your Concerns with the Guardian/Conservator?

Yes No

Describe what the guardian/conservator did or did not do, what they said, or any other actions of the guardian/conservator that you are concerned about. Please enter a specific summary including dates, times, and places of your complaint here in one hundred (100) words or less, as this will aid in the process and review of your complaint. You may also be asked to include any relevant documents, such as court orders, petitions, letters to or from the guardian/conservator, etc. If you need more space for additional information you may add more pages or attach additional documents.

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/Conservator, the Certified Professional Guardianship and Conservatorship Board, the Superior Court, and to others; and to the disclosure by the Guardian/Conservator 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 Guardianship and Conservatorship Board, I affirm that the information I am providing is true and accurate to the best of my knowledge.

Name

Date

Mail the completed and signed Grievance Form to:

Administrative Office of the Courts
Attn: Certified Professional Guardianship and
Conservatorship Board
1206 Quince St SE
PO Box 41170
Olympia, WA 98504-1170