**GRIEVANCE AGAINST A CERTIFIED PROFESSIONAL GUARDIAN/CONSERVATOR**

**1. INDIVIDUAL SUBJECT TO GUARDIANSHIP/CONSERVATORSHIP:**

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, middle initial) Your Address:

(Street Address)

(City, State, Zip Code) 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:

Last name, first name

CPGC Number (if you know it)

Agency Name (if any)

**4. DESCRIPTION OF YOUR GRIEVANCE:**

1. Is the guardianship/conservatorship in effect now?

Yes No

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

Yes No c. Have you complained to any other agency?

Yes No

d. Have you discussed your concerns with the guardian/conservator?

Yes No

e. Please 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 a hundred 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 to say more, you may also add more pages or an attached document.**

f. Date(s) of Alleged Conduct:

**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/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.

Date:

Signed at: (City, State)

Signature:

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

Administrative Office of the Courts

Attn: Certified Professional Guardianship and Conservatorship Board

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