Complaint # _____

Date Received _____
For Office Use Only

COMPLAINT AGAINST A GUARDIAN

(TYPE OR PRINT ONLY)

1. **Incapacitated Person:**

Name: _____
(Last Name, First Name, Middle Initial)

Spokane County Guardianship Case # _____

2. **Complainant**

Your Name:_____
(Last Name, First Name, Middle Initial)

Your Address: _____
(Street Address, City, State, Zip Code)

Your Phone Number: (_____)_____

Your Email: _____

Your Relationship to the Incapacitated Person or to the case:_____

3. **Guardian**

Name: _____
(Last Name, First Name, Middle Initial)

Is the Guardian a Certified Professional Guardian? ☐ No, skip to section 4

☐ Yes, Agency Name (if any) _____

Type of Guardianship:

☐ Full	☐ Limited
☐ Person Only	☐ Estate Only
☐ Person & Estate	☐ Unknown

4. **Description of Your Complaint**

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

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a. Is the guardianship an open and active case? ☐ No ☐ Yes

b. Have you sent a complaint to other agencies? ☐ No ☐ Yes

If yes, Name of Agency and the Date You Sent Complaint and Result?

_____

_____

c. Have you discussed your concerns with the guardian? ☐ No ☐ Yes

5. **Consent and Affirmation**

I understand that the filing of a complaint constitutes my consent to the disclosure of the content of my complaint to the guardian or Certified Professional Guardian, Superior Court Guardianship Monitoring Program Staff and Judicial Officers, and the Certified Professional Guardian Board and others. I understand that my complaint will be filed in the public Court file and the guardian will be given an opportunity to respond.

IN FILING THIS COMPLAINT WITH THE SUPERIOR COURT GUARDIANSHIP MONITORING PROGRAM, I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT TO THE BEST OF MY KNOWLEDGE THE STATEMENTS ABOVE ARE TRUE AND CORRECT.

Date: _____ Signed at: _____
(City, State)

Signature: _____

Mail the completed and signed Complaint Forms to:

Spokane County Superior Court
Guardianship Monitoring Program
1116 West Broadway Ave, Room 101
Spokane WA 99260 0350