

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



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?

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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 200  
Spokane WA 99260 0350