

COLORADO OFFICE OF PUBLIC GUARDIANSHIP COMPLAINT FORM 1

IMPORTANT NOTE: This form should be used to make an initial complaint against the Colorado Office of Public Guardianship (OPG) and directed to the attention of the Director. Upon receipt, the Director will respond, in writing, within fourteen (14) calendar days.

This form and process is only for Colorado OPG clients. This form and process is not intended for private guardianship cases.

YOUR NAME: _____

TODAY'S DATE: _____

YOUR ADDRESS: _____

BEST WAT TO CONTACT YOU AND CONTACT INFORMATION:

TELEPHONE: _____

EMAIL: _____

US MAIL: _____

OTHER: _____

YOUR COMPLAINT

1. What is the name of the Colorado OPG client involved?

2. Where is this person located?

3. What is your relationship to the Colorado OPG client?

4. Is there a particular Colorado OPG employee involved? If yes, please state the name.

5. What happened to give rise to this complaint?

6. When did it happen?

7. Where did it happen?

8. Were you a witness to what happened?

9. Are there other eyewitnesses?

10. What action or remedy do you think is appropriate to address the situation?

11. Are you interested in serving as the guardian for the Colorado OPG client involved?

THIS FORM MUST BE SIGNED AND DATED

Signature: _____

Date: _____

COMPLAINT FORM SUBMISSION

Please submit this completed form to the Colorado Office of Public Guardianship (OPG) Director. To protect confidentiality, a Complaint Form 1 must be sent by mail or otherwise delivered directly to the Colorado OPG Director. **Email or electronic copies will not be accepted.**

Colorado Office of Public Guardianship, Director
1300 Broadway
Denver, Colorado 80203

DIRECTOR USE ONLY

Date Received:

Date Addressed:

Comments: