

COLORADO OFFICE OF PUBLIC GUARDIANSHIP COMPLAINT FORM 2

IMPORTANT NOTE: This form should be used only when your prior/initial complaint against the Colorado Office of Public Guardianship (OPG) has not been addressed to your satisfaction within fourteen (14) calendar days. Upon receipt, the Colorado OPG Commission will respond, in writing, within fourteen (14) calendar days.

The Colorado OPG Commission cannot address your complaint until you have completed the steps for Complaint Form 1.

YOUR NAME: _____

TODAY'S DATE: _____

YOUR ADDRESS: _____

BEST WAY TO CONTACT YOU AND CONTACT INFORMATION:

TELEPHONE: _____

EMAIL: _____

US MAIL: _____

OTHER: _____

Please attach a copy of your original Complaint Form 1, the written response that you received from the Director, and any additional supporting documentation you wish the Colorado OPG Commission to consider.

What was the outcome of your complaint to the Colorado OPG Director and when did this occur?

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) Commission. To protect confidentiality, a Complaint Form 2 must be sent by mail or otherwise delivered directly to the Colorado OPG Commission. **Email or electronic copies will not be accepted.**

Colorado Office of Public Guardianship, Staff Assistant
1300 Broadway
Denver, Colorado 80203

COMMISSION USE ONLY

Date Received:

Date Addressed:

Comments: