

COMPLAINT AGAINST A GUARDIAN

1. WARD:
Name _____
Address _____
Guardianship Case Number _____

2. COMPLAINANT:
Your Name _____
Your Address _____
Your Phone Number _____ Alternate Number _____
Your Email Address _____
Your Relationship to the Ward or to the Case _____

3. GUARDIAN:
Name/Agency _____
Address _____

4. Description of Your Complaint:
Is the Guardianship in Effect Now?
Yes _____ No _____
Has the Probate Court Considered the Matters You are Concerned About?
Yes _____ No _____
Have You Complained to any other Agency?
Yes _____ No _____ Who _____ When _____

Have You Discussed Your Concerns with the Guardian?

Yes _____ No _____ When _____

Please describe what the guardian did or did not do, what they said, or any other actions of the guardian that you are concerned about. Please enter a specific summary including dates, times, and places of your complaint here in one hundred (100) words or less, as this will aid in the process and review of your complaint. If you need more space for additional information you may add more pages or attach additional documents.

I understand that the filing of a complaint constitutes my consent to the disclosure of the content of my complaint to this Guardian, the Probate Court Judge/Magistrate and to the disclosure by the Court Investigator and by others of any information relevant to the investigation. I understand that this complaint form is a public record.

In filing this complaint, I affirm that the information I am providing is true and accurate to the best of my knowledge.

Name

Date

Mail the completed and signed Complaint Form to:

Clermont County Probate Court
Attn: Guardianship Complaint Dept.
2379 Clermont Center Drive
Batavia, Ohio 45103