



MINNESOTA JUDICIAL BRANCH

MINNESOTA JUDICIAL CENTER
25 REV. DR. MARTIN LUTHER KING, JR. BLVD.
SAINT PAUL, MINNESOTA 55155

Complaint Against a Guardian and/or Conservator

1. Court File Number: _____

2. Information about You:

Full Name: _____

Telephone: _____ Email: _____

Person Subject to Guardianship/Conservatorship

Not the Person Subject to Guardianship/Conservatorship

If you are not the Person Subject to Guardianship/Conservatorship, what is your interest in the welfare of the Person Subject to Guardianship/Conservatorship or to this case? _____

3. Who are you making the complaint against?

_____, who is the Guardian Conservator.

List the complaint:

a. _____

b. _____

c. _____

4. Based on the information included in #3, what relief are you requesting?

a. _____

b. _____

c. _____

5. Do you have concerns for yourself or the Person Subject to Guardianship/Conservatorship about making this complaint? Yes No

If yes, what are your concerns?

6. If you are not the Person Subject to Guardianship/Conservatorship, is the Person Subject to Guardianship/Conservatorship aware of your complaint. Yes No

If yes, what was the response of the Person Subject to Guardianship/Conservatorship:

If no, why not? _____

7. Have you discussed your complaint with the Guardian and/or Conservator?

Yes No

If yes, what was their response? _____

And what steps did you take to resolve the issue? None

8. Have you contacted other authorities about this situation? Yes No

NOTE: Other authorities could include the following:

- Adult Protective Services;
- Nursing Home Staff;
- Ombudsman;
- Law Enforcement;
- Attorney General’s Office;
- County Attorney’s Office;
- Social Security Administration;
- Veterans Affairs (sometimes called Veterans Administration); and
- Office of State Auditor.

If yes, list the authorities you have notified, the date of contact, and the result.
Include a copy of any materials submitted or received.

Authority: _____ Date: _____

Result: _____

Authority: _____ Date: _____

Result: _____

9. By signing below, I you understand that this complaint may be filed in the court file and available for public viewing.
10. By signing below, I understand that this complaint may be given to the Guardian and/or Conservator for their review and an opportunity to respond.
11. By signing below, I understand that complaints will be reviewed for alleged maltreatment, meaning abuse, neglect, financial exploitation of a Person Subject to Guardianship or Conservatorship, or a violation of the Bill of Rights for Persons Subject to Guardianship or Conservatorship. Complaints failing to allege maltreatment or a violation of the Bill of Rights for Persons Subject to Guardianship or Conservatorship may not be investigated.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: _____

Signature: _____

Printed Name: _____

County and state where signed: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____