# Minnesota Judicial Branch logo

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?

1. Who are you making the complaint against?

, who is the  Guardian  Conservator.

List the complaint:











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







1. 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?

1. 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?

1. 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

1. 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:

1. By signing below, you are stating you understand that this complaint may be filed in the court file and available for public viewing.
2. By signing below, you are stating you understand that this complaint may be given to the Guardian and/or Conservator for their review and an opportunity to respond.

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: