

625 Silver Ave. SW, Suite 100
Albuquerque, NM 87102
Phone (505)841-4519 Fax (505) 841-4590
www.nmddpc.com

Susana Martinez, Governor
Sandra Skaar, Chairperson
John Block III, Executive Director

Instructions to Submit a Complaint Against a Guardian Contracting with DDPC Office of Guardianship

Definitions:

- (1) DDPC is the Developmental Disabilities Planning Council, a state agency.
- (2) Guardianship Program is the Office of Guardianship, a program within the DDPC.
- (3) Complaint means issues and problems a person has with the guardianship services provided by a guardian contracted with the DDPC to a client served by the Guardian Program. Grievance may be used interchangeably with the word complaint. Guardian Program is not able to address complaints against a guardian not contracted with DDPC, or concerning an individual not served by Guardian Program.
- (4) Complainant is the individual filing the complaint, which may be the client or an individual filing a complaint on behalf of the client.
- (5) Contractor and guardian may be used interchangeably.
- (6) Investigation may include phone calls; meetings; letters; finding of facts; in person visit to client, guardian, or complainant.
- (7) Emergency means Guardian Program has reason to believe delay of an investigation could result in immediate or irreparable harm to the protected person, or retaliation by the contractor.
- (8) Address and resolve means only issues the guardian has power and authority to handle for the client.

Instructions:

GRIEVANCE FORM

Complainant may use the Grievance Form to write the complaint. Using the form might ensure all information required by state regulation is included in the complaint. The form is not required.

COMPLAINT FILED WITH THE GUARDIAN

1. The complaint must be in writing.
Accommodation: If the complainant needs an accommodation, to write the complaint, first contact a friend, relative, advocate, caregiver, or provider. Otherwise, the complainant may contact the DDPC and an individual, not employed by Guardianship Program, may assist the complainant with writing the complaint.
2. The complaint must first be submitted to the guardian, and the guardian must be given the opportunity to resolve the complaint. A copy should be provided to Guardianship Program.

3. Complainant is encouraged to use certified mail, return receipt requested, to document the date the complaint is received by the guardian. Complainant may use other legally recognized receipt of service by guardian.
4. The guardian has thirty (30) days to address and resolve the complaints. Time starts running on the date of receipt, of each new complaint received by the guardian.
5. Both parties, the complainant and guardian, are required to cooperate to attempt addressing or resolving the complaints; and the resolution or agreement must be in writing, signed by both parties. This may require both parties meeting in person.
6. The guardian must forward written resolutions to complainant, client, Guardianship Program, and maintain in client's file.
7. All of the above **MUST** be done before filing a complaint with Guardianship Program.

COMPLAINTS FILED WITH THE OFFICE OF GUARDIANSHIP

1. If the complaints are not resolved between the guardian and complainant in thirty (30) days, the complaint may be provided to Guardianship Program.
2. The complaint must be in writing. (See accommodation above).
3. Guardianship Program will acknowledge receipt of the complaint in writing, to all parties.
4. If Guardianship Program determines an investigation is necessary, Guardianship Program may commence an investigation.
5. The guardian and complainant must provide sufficient information to allow Guardianship Program to continue or complete the investigation.
6. Guardianship Program will make a determination decision.
7. Further actions by Guardianship Program may include, a Corrective Action Plan (CAP) or referral to other agencies.

Complaints concerning termination of guardianship, change of guardian, or less restrictive guardianship requires the following:

1. Complainant must specify this request in complaint; and
2. Have a licensed professional complete the Report of Health Care Professional form. (Request form from Guardianship Program).
3. Letter written to judge presiding over case, copy must be provided to guardian and Guardianship Program.

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Guardian Date & Initials Rcvd _____ OOG Date & Initials Rcvd _____

**GRIEVANCE FORM
COMPLAINTS AGAINST A GUARDIAN
CONTRACTED WITH THE DDPC OFFICE OF GUARDIANSHIP**

PLEASE TYPE OR PRINT CLEARLY:

Name of client: _____ Date of birth: _____ Date Written: _____
(Incapacitated Person)

Client Mailing address: _____
(Street, City, State, Zip Code)

Client Address of residence: _____

Email: _____ Home phone: _____ Cell: _____

Person submitting grievance for client: _____

Relationship to client: _____

Mailing address: _____

Address of residence: _____

Day phone: _____ Evening phone: _____ Cell: _____

Contractor/Guardian complaint is against: _____

Individual Guardian Coordinator complaint is against: _____

Guardian's Address: _____

Email: _____ Office Phone: _____ Cell: _____

Date submitted to guardian: _____

Method this grievance was submitted to Guardian: Mail ____ Email ____ Fax ____ Hand Delivery ____

Was the grievance mailed certified mail, return receipt requested? Yes ____ No ____

I _____ (print client full name) hereby declare, under penalty of perjury, under the laws of the United States of America and the State of New Mexico, I verify the contents of the grievance are true and correct. I verify that I would not make untrue accusations against the guardian. I will follow the law. I will work with the guardian and the Office of Guardianship to resolve my complaints.

Complainant Signature

Date

Was an accommodation provided to write this grievance? Yes ____ No ____

Name and Title of person providing accommodation: _____

Relationship to Client: _____

Address: _____

Email: _____ Work Phone: _____ Cell: _____

I _____ (print full name) hereby declare, under penalty of perjury, under the laws of the United States of America and the State of New Mexico, the complaints stated herein are statements from the client. I typed or wrote the complaint for the client, because the client told me he/she could not write the complaint on his/her own. None of the statements herein are from me, my opinions, or personal knowledge. I am not employed by the Office of Guardianship. None of the staff, or compliance officers, of the Office of Guardianship in any way influenced the writing of this grievance.

Signature

Date

Name and Title of Witness: _____

Relationship to Client: _____

Address: _____

Email: _____ Work Phone: _____ Cell: _____

I _____ (print full name) hereby declare, under penalty of perjury, under the laws of the United States of America and the State of New Mexico, I am merely a witness to the accommodation provided by _____. None of the statements herein are from me, my opinions, or personal knowledge. None of the staff, or compliance officers, of the DDPC Office of Guardianship were present, or in any way influenced the writing of this grievance.

Witness Signature

Date