

DDPC/OFFICE OF GUARDIANSHIP (OOG)
COMPLAINT FORM

- 1) Protected Persons (PPs) and/or other concerned parties are required to first try to resolve the complaint(s) with the Guardian.
 - (a) OOG does not have jurisdiction over Guardians that do not contract with DDPC.
- 2) If the parties are unable to reach a resolution or agreement within thirty (30) calendar days, the complaining party may submit a complaint to OOG.
- 3) Complaints should include as much information as possible, including the following:
 - (a) Name of the PP and contact information;
 - (b) Name and contact information of the individual assisting the PP through the complaint process, if applicable;
 - (i) Relationship of the complaining party to the PP.
 - (c) Name of the Guardian Agency and/or Guardian Coordinator against who the complaint is being made;
 - (d) Name of the party who has attempted to resolve the complaint, if known;
 - (i) What actions have been taken to attempt to resolve the complaint?
 - (e) Details of the complaint including:
 - (i) The alleged wrongdoing;
 - (ii) The involved parties; and
 - (iii) When and where the wrongdoing occurred.
- 4) OOG is available to provide support with the complaint process, for assistance please call (505) 841-4519.
 - (a) An exception to the requirement that a complaint be made in writing shall be granted if a reasonable accommodation is necessary.
- 5) Complaints to OOG may be submitted in person, by mail, or fax.
 - (a) This form is optional, you may attach additional pages and/or supporting documentation.

Complaints via fax submit to (505) 841-4455 or USPS:

DDPC/OOG
Attn: Program Manager
625 Silver Ave SW, Suite 100
Albuquerque, NM 87102

COMPLAINT TYPE:

- Current Reports of Abuse, Neglect, and/or Exploitation
Please Identify the Agencies that were Contacted:
 - (1) _____
 - (2) _____
 - (3) _____
- Guardian Duties & Responsibilities
- Financial Concerns
- Other: _____

OFFICIAL USE ONLY

Case ID#: _____

DATE STAMP RECEIVED

PROTECTED PERSON INFORMATION

Protected Person's Name: _____

Address: _____
(Street, City, State, Zip Code)

Phone Number: (_____) - _____

Living Arrangement/Residential Placement:

- Home/Apartment
- Homeless
- Hospital: _____
- Long-term Care Facility: _____
- Boarding Home: _____
- Group/Family Living Home: _____

COMPLAINANT INFORMATION

Complainant's Name: _____
(If Complainant is not the Protected Person)

Relationship to Protected Person: _____

Address: _____
(Street, City, State, Zip Code)

Phone Number: (_____) - _____

CONTRACTOR/GUARDIAN INFORMATION

Contractor/Guardian Agency: _____

Contact Person: _____ Title: _____

Phone Number: (_____) - _____

SIGNATURE PAGE

The information provided is true and accurate to the best of my knowledge and I understand that this complaint may be provided to the Contractor/Guardian and if applicable referred to other agencies for investigation.

Complainant Printed Name: _____

Complainant Signature: _____

Was an accommodation provided to write this complaint? Yes No

Date: _____

Name of Person Providing Accommodation: _____

Relationship to Protected Person: _____

Address: _____
(Street, City, State, Zip Code)

Phone Number: (_____) _____ - _____

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