

DEVELOPMENTAL DISABILITIES COUNCIL
OFFICE OF GUARDIANSHIP (DDC OOG)
COMPLAINT FORM

- 1) A Protected Person or their designee may file a complaint against their Professional Guardian at anytime. However, the Protected Person and their Professional Guardian must first try to resolve the Protected Person's complaint.
 - (a) OOG is only authorized to investigate a complaint if the Protected Person is a client of the OOG who is under guardianship with an OOG-contracted guardianship provider.

- 2) If the Protected Person and their Professional Guardian are unable to resolve their complaint within 30 calendar days, the Protected Person or their designee may file a complaint with the OOG Compliance Officer. The Protected Person or their designee may:
 - (a) Call the Compliance Officer at (505) 526-0551;
 - (b) Email the Complaint Form to patricia.serna@ddc.nm.gov;
 - (c) Fax the Complaint Form to (505) 841-4455; or
 - (d) Mail the Complaint Form to:
Attn: Compliance Officer
Developmental Disabilities Council
625 Silver Ave SW, Suite 100
Albuquerque, NM 87102

- 3) Complaints should include as much information as possible, including:
 - (a) The name of the Protected Person;
 - (b) The Protected Person's contact information;
 - (c) The name and contact information of the individual assisting the Protected Person through the complaint process, if applicable;
 - (d) The relationship of the complainant to the Protected Person;
 - (e) The name of the Professional Guardian's agency and/or Guardianship Coordinator against whom the complaint is being made;
 - (f) The name of the person who has attempted to resolve the complaint, if known;
 - (g) The actions that have been taken to attempt to resolve the complaint; and
 - (h) Details of the complaint, including:
 - (i) The alleged wrongdoing;
 - (ii) The involved parties, if any; and
 - (iii) When and where the wrongdoing occurred.

- 4) Please attach additional pages and/or supporting documentation, if necessary.

- 5) For assistance, please call OOG at (505) 841-4519 or the Compliance Officer at (505) 526-0551.

COMPLAINT TYPE:

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

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| <p>OFFICIAL USE ONLY</p> <p>Case ID#: _____</p> <p>DATE STAMP RECEIVED</p> |
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PROTECTED PERSON INFORMATION

Protected Person's Name: _____

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

Phone Number: (_____) _____ - _____

Email: _____

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: (_____) _____ - _____

Email: _____

PROFESSIONAL GUARDIAN INFORMATION

Professional Guardian Name and Agency: _____

Contact Person: _____ Title: _____

Phone Number: (_____) _____ - _____

COMPLAINT DETAILS

Please provide specific details of the concerns and/or complaints (i.e., dates, times, locations, persons involved, witnesses, and contact information):

Was the complaint submitted to and/or discussed with the Professional Guardian? Yes No

Were actions taken to resolve the complaint? Yes No

If yes, please explain:

SIGNATURE PAGE

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

Complainant Printed Name: _____

Complainant Signature: _____

Was an accommodation provided to fill out this form? Yes No

Date: _____

Name of Person Providing Accommodation: _____

Relationship to Protected Person: _____

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

Phone Number: (_____) _____ - _____