

Public Guardian Grievance Process

This process has been established to ensure that all clients of the Public Guardian can exercise their right to file a complaint about the services they receive. The Public Guardian is committed to hearing and attempting to resolve all complaints in a fair and timely manner.

1. If you have a complaint, tell the person who is giving you poor service what you want to change about the services you receive. Talk with them about possible solutions.
2. If you are unhappy with the outcome of that discussion, you can file the attached **Client Complaint Form**.
3. Complete the complaint form and then deliver or mail it back to:

OPA
900 West 5th Ave. #525
Anchorage, AK 99501

Please note that you can get assistance filling out the form by your case manager, care coordinator or whomever you choose, even your public guardian.

4. Your complaint will be reviewed by the supervisor of the public guardians. You will receive a written response within 60 days of the supervisor receiving your complaint.
5. If you are dissatisfied with the resolution of your complaint or you haven't received a response after 60 days of the supervisor receiving your complaint, you can file the attached **Petition for Review** with the court.

Rev. 02/2020

OPA CLIENT GRIEVANCE FORM

DATE: _____

YOUR NAME: _____

ADDRESS TO SEND RESPONSE (this is where we'll send the response, even if you have a different regular mailing address):

GUARDIAN NAME: _____

What is the problem? What would you like to see happen?

Have you spoken with your guardian/conservator? What did they say?

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Protective Proceeding of)
)
)
)
)
_____,)
Ward or Protected Person)
)
_____)

CASE NO. _____

**PETITION FOR REVIEW OF
GUARDIANSHIP/CONSERVATORSHIP
(AS 13.26.286 / AS 13.26.570)**

I am the ward or protected person the guardian the conservator
 a person interested in the ward's/protected person's welfare.
Relationship: _____

I ask the court to

review the guardianship/conservatorship because:

appoint _____ as co-guardian co-conservator

remove the current guardian/conservator and appoint _____
to be the new guardian/conservator because

end the guardianship/conservatorship because the ward or protected person
 is no longer incapacitated no longer needs a conservator

accept my resignation as guardian/conservator.

Date

Signature

Type or Print Name

I certify that on _____,

Mailing Address City State ZIP

I mailed hand delivered
a copy of this petition to:

Daytime Phone

the ward/protected person
 the guardian: _____

Signature: _____