**COMPLAINT PROCEDURE AND FORMS**

**VIRGINIA PUBLIC GUARDIAN & CONSERVATOR PROGRAM**

**Virginia Code §§ 51.5-149 ET SEQ.**

Purpose of the complaint process

The Virginia Department for Aging and Rehabilitative Services (DARS), as administrator of the statewide Virginia Public Guardian & Conservator Program, is committed to ensuring that all individuals served by the program are treated fairly in accordance with all applicable laws and regulations. If you believe that any individual served by this program has been treated unfairly or in violation of applicable laws, please use the following process.

Note: This complaint process is only for individuals with a **public guardian** funded through the Virginia Public Guardian & Conservator Program. **DARS is unable to address complaints related a person with a private guardian.** Some of the organizations that provide public guardian services also have a separate private guardianship program.

StAGE 1

* **Your complaint must be in writing. The attached Complaint Form is preferred, but not required.** Whether you use the Complaint Form or not, sign and date what you submit, and be sure to keep a copy for your records. You may also attach supporting documents.
* **Local Public Guardian Program Contact Information.** Send or deliver your complaint to the Local Public Guardian Program appointed as guardian and/or conservator for the incapacitated adult. Upon receipt of the complaint, the program will have fourteen (14) days to respond. A link to the address of each Local Public Guardian Program and the geographic region they serve is on the Public Guardianship web page: <https://www.vda.virginia.gov/publicguardianship.htm>.
* **Submission**: The written complaint must be mailed or delivered directly to the Local Public Guardian Program. Please do not email or fax it. If you prefer, you may instead mail the complaint directly to the Director of the Virginia Public Guardian & Conservator Program at the address on the next page.
* **14 Calendar Days to Respond**: If the Local Public Guardian Program has not satisfactorily responded to your complaint within 14 days of receipt (plus 5 additional days if sent by first class mail), then please proceed to “Stage 2” below.

StAGE 2

If your complaint is not resolved, you may submit a written update, preferably using the attached Complaint Cover Sheet to the Director of the Virginia Public Guardian & Conservator Program.

* Be sure to sign and date your update, and also make a copy for your records. You may also attach new supporting documents.
* **Your submission must be in writing.** The Complaint Cover Sheet and copies of the original complaint must be sent by first class mail or otherwise delivered directly to DARS at the address on the form. Please do not email or fax the documents. Upon receipt of your written complaint, DARS will respond to your complaint within fourteen (14) calendar days.

The packet should be submitted to:

Laura Koch

Director, Virginia Public Guardian & Conservator Program

Department for Aging and Rehabilitative Services

8004 Franklin Farms Dr.

Henrico, Virginia 23229

LINKS for Additional Information

* Adult Protective Services (APS): APS investigates reports of abuse, neglect, and exploitation of adults 60 years of age or older and incapacitated adults aged 18 and older. <http://www.dss.virginia.gov/family/as/aps.cgi>
	+ **To report suspected adult abuse, neglect, or exploitation, call your local Department of Social Services or the 24-hour, toll-free Adult Protective Services hotline at: (888) 832-3858.**
* The Virginia Public Guardian & Conservator Program:
	+ General Information: [https://vda.virginia.gov/publicguardianship.htm](https://Vda.Virginia.Gov/Publicguardianship.htm)
	+ The law governing the program (Virginia Code, Title 51.5, Chapter 14, Article 6): <https://law.lis.virginia.gov/vacodefull/title51.5/chapter14/article6/>
	+ Program regulations (Virginia Administrative Code, Title 22, Agency 30, Chapter 70): <https://law.lis.virginia.gov/admincodeexpand/title22/agency30/chapter70>
* Statewide Program Administration – The Virginia Department for Aging and Rehabilitative Services (DARS): [https://www.dars.virginia.gov](https://www.dars.virginia.gov/)
* DARS – Aging Division: <http://www.vda.virginia.gov/index.htm>
* Disability Law Resource Center (Formally the Virginia Office of Protection & Advocacy/VOPA): [https://www.dlcv.org/](https://www.dlcv.org/%20)

PLEASE SEE THE ATTACHED COMPLAINT FORM and THE COMPLAINT COVER SHEET FOR STEP 2

PUBLIC GUARDIAN COMPLAINT FORM

SEND THIS COMPLETED FORM TO THE LOCAL PUBLIC GUARDIAN PROGRAM ACTING AS GUARDIAN AND/OR CONSERVATOR

FOR THE AFFECTED INDIVIDUAL

***Use this form for complaints involving individuals served by the Virginia Public Guardian & Conservator Program pursuant to Virginia Code §§ 51.5-149 et seq. This state-funded program is administered by the Virginia Department for Aging and Rehabilitative Services (DARS).***

**This form should be mailed to the attention of the program director of the Local Public Guardian Program. Upon receipt, the Local Public Guardian Program has 14 calendar days to respond to your complaint. We recommend mailing your complaint in a manner that provides notice to you of its receipt.**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the best way to contact you? \_\_\_\_\_\_\_\_\_\_\_\_

**YOUR COMPLAINT OR GRIEVANCE**

If more space is needed, please attach additional sheets.

1. What is the name of the public guardian client involved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Where is this person located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your relationship to the public guardian client? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Is a particular employee or case manager of the Local Public Guardian Program involved? If *yes*, please provide the name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide a description of what happened, including date(s), location(s), and the names of any eyewitnesses. A timeline is very helpful if there were multiple events. Attach additional pages if necessary. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What action or remedy do you think is appropriate to address the situation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS FORM MUST BE SIGNED AND DATED**

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬**

COMPLAINT FORM SUBMISSION

Please submit this completed form to the program director for the Local Public Guardian Program serves as guardian and/or conservator for the incapacitated adult. **To protect confidentiality, complaints must be sent by mail or otherwise delivered directly to the Local Public Guardian Program. Email or electronic copies will not be accepted.**

A link to the list of Local Public Guardian Programs and service areas can be found on the Public Guardianship web page: <https://www.vda.virginia.gov/publicguardianship.htm>.

## LOCAL PUBLIC GUARDIAN PROGRAM USE ONLY

|  |  |
| --- | --- |
| Date Received: | Date Addressed: |
| Comments: |

PUBLIC GUARDIAN COMPLAINT

STAGE 2 COVER SHEET

IMPORTANT NOTE**:** This form should be used when your prior complaint to a Local Public Guardian Program has not been addressed to your satisfaction within 14 calendar days.

**Your Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the individual you are concerned about:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You must attach a copy of your original Complaint Form, the written response you received (if any) from the Local Public Guardian Program serving the individual, and any additional supporting documentation you wish DARS to consider. DARS will respond within fourteen (14) calendar days of receipt.**

What was the outcome of your complaint to the Local Public Guardian Program and when did receive a response? (You may also attach additional information and supporting documentation to this form).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS FORM MUST BE SIGNED AND DATED**

***Signature***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬**

Please submit this completed form, a copy of the original complaint, and the response you received, if any, to:

Laura Koch

Director, Virginia Public Guardian & Conservator Program

Department for Aging and Rehabilitative Services

8004 Franklin Farms Dr.

Henrico, Virginia 23229

**To protect confidentiality, the packet must be sent by mail or otherwise delivered directly to the Director. Please do not email or fax the documents.**