

**PROBATE COURT OF ROSS COUNTY, OHIO**

GUARDIANSHIP OF: \_\_\_\_\_

CASE NO: \_\_\_\_\_

**COMPLAINT AGAINST A GUARDIAN**

1. **WARD:**

Name \_\_\_\_\_

Address \_\_\_\_\_

2. **COMPLAINANT:**

Your Name \_\_\_\_\_

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

Your Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Your Email Address \_\_\_\_\_

Your Relationship to the Ward or to the Case \_\_\_\_\_

3. **GUARDIAN:**

Name \_\_\_\_\_

Agency Name(if any) \_\_\_\_\_

4. **DESCRIPTION OF YOUR COMPLAINT:**

Is the Guardianship in effect now?  Yes  No

Has the Probate Court considered the matters you are concerned about?  Yes  No

Have you complained to any other Agency?  Yes  No

Who \_\_\_\_\_ When \_\_\_\_\_

Have you discussed your concerns with the Guardian?  Yes  No

When \_\_\_\_\_

Please describe what the guardian did or did not do, what they said, or any other actions of the guardian that you are concerned about. To aid the process and review of your complaint, please enter a specific summary, including dates, times and places of your complaint. *[If needed, you may add more pages or attach additional documents]*

I understand that the filing of a complaint constitutes my consent to the disclosure of the content of my complaint to this Guardian, the Probate Court Judge and to the disclosure by the Court Investigator and by others of any information relevant to the investigation. I understand that this complaint form is a public record.

In filing this complaint, I affirm that the information I am providing is true and accurate to the best of my knowledge.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Address