

**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 any time. However, the Protected Person and their Professional Guardian must first try to resolve the Protected Person's complaint.

OOG is only authorized to investigate a complaint if OOG pays for the services of the Professional Guardian appointed to the Protected Person.

- 2) If the Protected Person and their Professional Guardian are unable to resolve their complaint within 30 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) 644-3160;
- (b) Email the Complaint Form to [Lynette.Varela@ddc.nm.gov](mailto:Lynette.Varela@ddc.nm.gov);
- (c) Fax the Complaint Form to (505) 841-4455; or
- (d) Mail the Complaint Form to:

Office of Guardianship  
Attn: Compliance Officer  
625 Silver Avenue SW, Suite 100A  
Albuquerque, New Mexico 87102

- 3) Complaints should include as much information as possible, including:

- (a) The name and contact information of the Protected Person;
- (b) The name and contact information of the individual assisting the Protected Person through the complaint process, if any, and the relationship between the Protected Person and the person assisting;
- (c) The name of the Professional Guardian's agency, and the individual Guardianship Coordinator the complaint is about;
- (d) The name of the person who has attempted to resolve the complaint, if known;
- (e) Any actions taken to resolve the complaint; and
- (f) Details of the complaint, including the alleged action(s) that lead to the complaint, and the parties involved.

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

- 5) For assistance, please call OOG at (505) 841-4549 or the Compliance Officer at (505) 644-3160.

**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: \_\_\_\_\_

<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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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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: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_