

COMPLAINT PROCESS AND PROCEDURE

VIRGINIA PUBLIC GUARDIAN & CONSERVATOR PROGRAM – § 51.5-149 ET SEQ., CODE OF VIRGINIA

PURPOSE OF THE COMPLAINT PROCESS

The Virginia Department for Aging and Rehabilitative Services (DARS), as administrator of the 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, this complaint process provides a prompt, fair and orderly method to address complaints involving individuals served by the Virginia Public Guardian & Conservator Program. This form and process is only for **Public** Guardian clients funded pursuant to § 51.5-149 et seq. **This form and process is not intended for Private Guardianship cases.**

STEP 1

Complete the attached Complaint Form-1. Send or deliver your original, completed and signed Complaint Form-1 to the Program Director for the local Public Guardian Service Provider who acts as guardian for the incapacitated adult. Upon receipt of the Complaint Form-1, the Program Director will have fourteen (14) days to address the complaint.

- a) **Contact Information for the Local Public Service Providers**: You can access current contact information for the local Virginia Public Guardian Service Providers and their Program Directors at this link:
<https://sp.wvrc.net/VDApublic/Shared%20Documents/Public%20Guardian%20Provider%20Contact%20List.pdf>
- b) **Your Complaint to the Local Public Guardian Service Provider Must Be in Writing**: Please use the attached Complaint Form-1 to state your complaint in writing (and keep a copy for your records). The Complaint Form must be signed and dated. You may also attach any supporting documents you wish to the completed form.
- c) **Complaint Form Submission (Complaint Form-1)**: Completed Complaint Forms must be sent by mail or otherwise delivered directly to the local Public Guardian Service Provider. **Important Note**: Email or electronic copies of the Complaint Form will not be accepted.
- d) **14 Calendar Days to Address**: Upon receipt of your written complaint, the Program Director for the local Public Guardian Service Provider will have fourteen (14) calendar days to address the complaint, to you, in writing. If your complaint has not been addressed to your satisfaction within this time frame, then please proceed to “Step 2” below.

STEP 2

After 14 days, if you are still dissatisfied with the response received from the Program Director for the local Public Guardian Service Provider acting as guardian for the individual, please submit the attached Complaint Form-2 to the Virginia Department for Aging and Rehabilitative Services (DARS). Upon receipt of your complaint, DARS will seek to address your complaint within fourteen (14) calendar days.

- a) **Complaint Form Submission (Complaint Form-2)**: Completed Complaint Forms must be sent by mail or otherwise delivered directly to DARS using the contact information on Complaint Form-2. **Important Note**: Email or electronic copies of the Complaint Form will not be accepted.
- b) **14 Calendar Days to Address**: Upon receipt of your written complaint, DARS will seek to address your complaint within fourteen (14) calendar days.

IMPORTANT LINKS FOR ADDITIONAL INFORMATION

- **LAW** FOR THE VIRGINIA PUBLIC GUARDIAN & CONSERVATOR PROGRAM: [HTTP://LAW.LIS.VIRGINIA.GOV/VACODEFULL/TITLE51.5/CHAPTER14/ARTICLE6/](http://law.lis.virginia.gov/vacodefull/title51.5/chapter14/article6/)
- **REGULATIONS** FOR THE VIRGINIA PUBLIC GUARDIAN & CONSERVATOR PROGRAM: [HTTP://LAW.LIS.VIRGINIA.GOV/ADMINCODE/TITLE22/AGENCY30/CHAPTER70](http://law.lis.virginia.gov/admincode/title22/agency30/chapter70)
- **GENERAL INFORMATION** ON THE VIRGINIA PUBLIC GUARDIAN & CONSERVATOR PROGRAM: [HTTPS://WWW.VDA.VIRGINIA.GOV/PUBLICGUARDIANSHIP.HTM](https://www.vda.virginia.gov/publicguardianship.htm)
- **SERVICE PROVIDERS** FOR THE VIRGINIA PUBLIC GUARDIAN & CONSERVATOR PROGRAM (LOCAL SERVICE PROVIDERS): [HTTPS://SP.WVRC.NET/VDAPUBLIC/SHARED%20DOCUMENTS/PUBLIC%20GUARDIAN%20PROVIDER%20CONTACT%20LIST.PDF](https://sp.wvrc.net/vdapublic/shared%20documents/public%20guardian%20provider%20contact%20list.pdf)
- **ADVISORY BOARD** FOR THE VIRGINIA PUBLIC GUARDIAN & CONSERVATOR PROGRAM: [HTTPS://WWW.VDA.VIRGINIA.GOV/BOARDSANDCOUNCILS.HTM](https://www.vda.virginia.gov/boardsandcouncils.htm)
- **DARS - AGING DIVISION**: [HTTPS://WWW.VDA.VIRGINIA.GOV/INDEX.HTM](https://www.vda.virginia.gov/index.htm)
- **OFFICE OF HUMAN RIGHTS**: [HTTP://WWW.DBHDS.VIRGINIA.GOV/INDIVIDUALS-AND-FAMILIES/HUMAN-RIGHTS](http://www.dbhds.virginia.gov/individuals-and-families/human-rights)
- **DISABILITY LAW RESOURCE CENTER** (FORMALLY THE VIRGINIA OFFICE OF PROTECTION & ADVOCACY/VOPA): [HTTP://DISABILITYLAWVA.ORG/](http://disabilitylawva.org/)
- **ADULT PROTECTIVE SERVICES** (APS): APS investigates reports of abuse, neglect, and exploitation of adults 60 years of age or older and incapacitated adults age 18 or older. **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.**

PLEASE SEE ATTACHED COMPLAINT FORM-1 AND COMPLAINT FORM-2

PUBLIC GUARDIAN COMPLAINT FORM - 1

(SEND TO THE PUBLIC GUARDIAN PROGRAM)

For complaints involving individuals served by the Virginia Public Guardian & Conservator Program pursuant to § 51.5-149 et seq., Code of Virginia. This State-funded Program is administered by the Virginia Department for Aging and Rehabilitative Services (DARS).

IMPORTANT NOTE: This form should be used to make an initial complaint to a local Public Guardian Service Provider. Upon receipt, the Program Director for the local Public Guardian Service Provider has fourteen (14) calendar days to address your complaint in writing.

YOUR NAME: _____

TODAY'S DATE: _____

YOUR ADDRESS: _____

WHAT IS THE BEST WAY TO CONTACT YOU?

___ TELEPHONE: _____

___ EMAIL: _____

___ US MAIL: _____

___ OTHER: _____

YOUR COMPLAINT OR GRIEVANCE

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 there a particular Public Guardian Program staff or case manager involved? If yes, please state the name(s):

5. What happened?

6. When did it happen?

7. Where did it happen?

8. Were you an eyewitness to what happened? Are there other eyewitnesses?

9. What action or remedy do you think is appropriate to address the situation?

10. Are you interested in serving as Guardian and/or Conservator for the individual involved? YES _____ NO _____



THIS FORM MUST BE SIGNED AND DATED

Signature: _____ *Date:* _____

COMPLAINT FORM SUBMISSION

Please submit this completed form directly to Program Director for the local Public Guardian Service Provider appointed as guardian for the individual. A list of the local Public Guardian Service Providers can be found at this link:

<HTTPS://SP.WWRC.NET/VDAPUBLIC/SHARED%20DOCUMENTS/PUBLIC%20GUARDIAN%20PROVIDER%20CONTACT%20LIST.PDF>

VERY IMPORTANT

ORIGINAL COMPLETED FORMS MUST BE SENT BY MAIL OR OTHERWISE DELIVERED DIRECTLY TO THE LOCAL PUBLIC GUARDIAN SERVICE PROVIDER. DUE TO CONFIDENTIALITY CONCERNS, EMAIL AND/OR ELECTRONIC COPIES OF THIS FORM WILL NOT BE ACCEPTED.

PUBLIC GUARDIAN PROGRAM DIRECTOR USE ONLY

Date Received:

Date Addressed:

Comments:

PUBLIC GUARDIAN COMPLAINT FORM - 2

(SEND TO VA. DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES)

For complaints involving individuals served by the Virginia Public Guardian & Conservator Program pursuant to § 51.5-149 et seq., Code of Virginia. This State-funded Program is administered by the Virginia Department for Aging and Rehabilitative Services (DARS).

IMPORTANT NOTE: This form should only be used when your prior complaint to a local Public Guardian Service Provider has not been addressed to your satisfaction within fourteen (14) calendar days as required. ► If you have not already attempted to address this issue in accordance with Step 1 of the instructions, DARS cannot address your complaint until you have completed Step 1.

YOUR NAME: _____
TODAY'S DATE: _____
YOUR ADDRESS: _____
WHAT IS THE BEST WAY TO CONTACT YOU? _____

Please attach a copy of your original complaint (Form-1), the written response you received from the Program Director of the local Public Guardian Service Provider and any other supporting documentation you wish DARS to consider. Upon receipt of your written complaint, DARS will seek to address your complaint within fourteen (14) calendar days.

1. What was the outcome of your complaint to the Public Guardian Service Provider and when did this occur? (You may also attach supporting documentation to this form).



THIS FORM MUST BE SIGNED AND DATED

Signature: _____ Date: _____

COMPLAINT FORM SUBMISSION
PLEASE SUBMIT THIS COMPLETED FORM TO:

Department for Aging and Rehabilitative Services (DARS)
ATTN: Patti Meire – Coordinator, Public Guardian & Conservator Program
1610 Forest Avenue, Suite 100
Henrico, VA 23229

VERY IMPORTANT

ORIGINAL COMPLETED FORMS MUST BE SENT BY MAIL OR OTHERWISE DELIVERED DIRECTLY TO THE PUBLIC GUARDIAN PROGRAM. DUE TO CONFIDENTIALITY CONCERNS, EMAIL AND/OR ELECTRONIC COPIES OF THIS FORM WILL NOT BE ACCEPTED.

DARS USE ONLY

Date Received:

Date Addressed:

Comments: