



# MINNESOTA JUDICIAL BRANCH

Conservator Account Auditing Program (CAAP) Examiner  
Minnesota Judicial Center  
25 Rev. Dr. Martin Luther King, Jr. Blvd.  
St. Paul, MN 55155

## Complaint Against a Guardian or Conservator

1. Court File Number: \_\_\_\_\_ or  Unknown

2. Name of the Person Subject to Guardianship or Conservatorship:

\_\_\_\_\_

3. Information about You:

Full name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Person Subject to Guardianship or Conservatorship**

**Not the Person Subject to Guardianship or Conservatorship**

If you are not the Person Subject to Guardianship or Conservatorship, what is your interest in the welfare of the Person Subject to Guardianship or Conservatorship or to this case? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Who is your complaint against?

\_\_\_\_\_ (name),

who is the  Guardian  Conservator.

5. List and describe your complaints:

a. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

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c. 

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d. 

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6. Based on the complaints you listed in #5, what would you like to see happen?  

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7. If you are not the Person Subject to Guardianship or Conservatorship, is the Person Subject to Guardianship or Conservatorship aware of your complaint?  Yes  No  
→ If "Yes," what was the response of the Person Subject to Guardianship or Conservatorship? 

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→ If "No," why not? 

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8. Have you discussed your complaint with the Guardian or Conservator?  Yes  No  
→ If "Yes," what was their response? 

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9. What steps did you take to address or fix the issue?  None, or: 

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10. Has the court been made aware of these concerns?

Yes    No    Unknown

→ If "Yes," when was it presented to the court?  Unknown; OR

\_\_\_\_\_ (date or approximate date)

11. Have you contacted other authorities about this situation?  Yes    No

→ Other authorities could include the following:

- Adult Protective Services (APS)
- Nursing home or facility
- Ombudsman
- Law enforcement
- Attorney General's Office
- County Attorney's Office
- Social Security Administration
- Veterans Affairs (sometimes called Veterans Administration)
- Office of State Auditor

→ If "Yes," list the authorities you notified, the date of contact, and the result. **Include a copy of any materials** you gave to or received from the authorities.

Authority: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Result: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authority: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Result: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important Notices**

→ Court staff cannot give you legal advice, but they can answer general questions about the Guardianship and Conservatorship Complaint Process.

→ Initial each paragraph below to show:

- That you understand what may happen with this Complaint Form once you submit it to the CAAP Examiner; and
- What standards the CAAP Examiner will use when reviewing Complaint Forms.

**Each paragraph below to be initialed by the person filling out this form:**

\_\_\_\_\_ This Complaint Form may be filed into the court file (the guardianship or conservatorship case) and be available for public viewing.

\_\_\_\_\_ This Complaint Form may be given to the guardian or conservator for their review and an opportunity to respond.

\_\_\_\_\_ Complaints against guardians and conservators are reviewed for alleged violations of [Minn. Stat. ch. 524, Article 5](#) ([revisor.mn.gov/statutes/cite/524](http://revisor.mn.gov/statutes/cite/524)), including infringement of the Bill of Rights for Persons Subject to Guardianship or Conservatorship, and improper exercise of powers and/or failure to comply with duties Powers and Duties of Guardian for Minors and Incapacitated Persons, and the Powers and Duties of Conservators. **Complaints that do not allege a violation of the Bill of Rights or of the Powers and Duties of guardians and conservators may not be investigated.**

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I declare under penalty of perjury that everything I have stated in this document is true and correct.  
Minn. Stat. § 358.11

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

County and state where signed:

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

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_