

**FORMAL COMPLAINT FORM**

This form should be completed to file a complaint against a guardian *ad litem* (GAL). Please complete and sign the form and send it to the address listed below. The Wyoming Guardians *Ad Litem* Program will contact you concerning the status and processing of your complaint. Please be sure to include your name, current address and phone number so the Wyoming Guardians *Ad Litem* Program can contact you. No formal complaint will be accepted anonymously and all formal complaints must be in writing.

**Person filing this complaint:**

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

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

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

Telephone No.: \_\_\_\_\_

*Required information*

**GAL involved:**

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

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

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

Telephone No.: \_\_\_\_\_

**Please answer the following questions:**

1. Is your complaint about an ongoing case? \_\_\_\_\_  
Please give the name of the Court and Judge: \_\_\_\_\_  
Docket No. \_\_\_\_\_  
Type of Case: (Abuse/Neglect, Delinquency, TPR, Appeal or CHINS) :  
\_\_\_\_\_
2. Does this GAL represent you? \_\_\_\_\_
3. If no, whom does this GAL represent? \_\_\_\_\_
4. What is the nature of your complaint against the GAL? (Check more than one if appropriate.)  
  
\_\_\_Failed to meet with the child in a timely manner  
\_\_\_Failed to meet with and observe the child’s interaction with caregivers at home and/or placement

- Failure to participate in depositions, negotiations, discovery, hearings (including review hearings) and MDTs
- Failure to counsel client
- Refused to allow the child to attend a hearing without good cause
- Other

5. Have you tried to discuss your complaint with the GAL? \_\_\_\_\_

6. Please describe in detail the nature of your complaint against the GAL. Please include the times and dates of events where appropriate (attach extra pages if necessary). Please sign and date the form and mail to the Wyoming Guardians *Ad Litem* Program.

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

Complaints regarding the performance of a GAL should be made by completing the “Formal Complaint Form.” Please mail completed forms to the address below:

**State of Wyoming  
Office of the Public Defender  
Guardians *Ad Litem* Program  
Attention: Stacey L. Obrecht, Administrator  
316 West 22<sup>nd</sup> Avenue  
Rogers Building, Basement  
Cheyenne, WY 82002**