



## Certified Professional Guardian Grievance (Complaint) Against a Certified Professional Guardian

Thank you for taking the time to complete the Grievance (Complaint) Against a Certified Professional Guardian for

The information shown below will be sent to the Certified Professional Guardian Board for processing.

### Certified Professional Guardian

#### Grievance (Complaint) Against a Certified Professional Guardian

**Grievance Filed Date:** 08/03/2017  
**Grievance Number:** 2017-066  
**1. Your Information (You are the Grievant):**  
**Your Name:** Jeff Owen  
**Your Address:** 27314 Ambassador PR NE  
**City:** Benton City  
**State:** WA  
**Zip:** 99320  
**Your Phone Number:** (509) 930-1487  
**Your Email Address:** jeff.k.owen@gmail.com  
**Your Relationship to the Incapacitated Person or to the case:** Family  
**Interpreter Needed for:**

#### 2. Information About the Person Under Guardianship (The Incapacitated Person):

**County in which guardianship is filed:** Yakima  
**Guardianship Case#:** 16-4-00645-39  
**Person Under Guardianship**  
**Name:** Sarah Owen  
**Address:**  
**City:** Yakima  
**State:** WA  
**Zip:**  
**Phone Number:**

#### 3. The Court-Appointed Professional Guardian:

**Name:** Kristyan R Calhoun  
**Agency:**  
**CPG Number:** 10954  
**Address:** 70 Rock Garden Ln

**City:** Yakima  
**State:** WA  
**Zip:** 98908-0000  
**Phone Number:** (509) 248-8539  
**Email Address:** kristyan@senioravenues.com

#### 4. Your Grievance (Complaint):

##### a. Is the guardianship in effect now?

##### b. Has the guardianship court considered the matters you are concerned about?

If yes, what was the result?

No, we have discussed with our lawyer, who has in turn discussed with Kristyan, with no change.

##### c. Have you complained to any other agency?

If yes, what was the result?

##### d. Have you discussed your concerns with the guardian?

**Please describe what the guardian did or did not do, what they said, or any other actions of the guardian about. Be as specific as possible and includes dates, times, and places.**

Failed to pay utility bills (phone, electricity) Bounced check to assisted living facility Allowed other family member Wrongful death of Keith Owen (complaint filed with DSHS) Harassment of family members failure to protect Kath members (as noted in GAL report and complaint with APS) Isolation/insistence that family members not speak to insurance on real estate rental to lapse complained that she lacked the time/capacity to perform even basic duties

#### Supporting Documents

If supporting documents were uploaded, they will be made available to the Certified Professional Guardian Board

#### Consent and Affirmation

I understand that the filing of a grievance constitutes my consent to the disclosure of the content of my grievance to the Certified Professional Guardian, the Certified Professional Guardian Board, the Superior Court, and to others; and to the disclosure by others of any information relevant to the investigation. I understand that my grievance may become public. I understand that this form is a public record.

In filing this grievance with the Certified Professional Guardian Board, I affirm that the information I am providing is the best of my knowledge.

**Date:** 08/03/2017 **Signed at:** Benton City, WA

**Electronic Signature:** Jeff Owen

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