

**Guardian ad Litem (GAL) Grievance Form
Walla Walla County**

You are the grievant, please enter your information below:

Name:

Address:

Phone Number:

Email Address:

DESCRIPTION OF YOUR GRIEVANCE

Guardian ad Litem Name:

Case Number:

Case Status:

Has the court been made aware of the matters you are concerned about? Yes No

Have you discussed your concerns with the GAL? Yes No

Please describe what the GAL did or did not do, what they said, or any other actions of the GAL that you are concerned about. Please enter a specific summary including dates, times, and places of your complaint here in a hundred words or less, as this will aid in the process and review of your complaint. You may also be asked to include any relevant documents, such as court orders, petitions, letters to or from the GAL, etc. If you need to say more, you may also add more pages or an attached document.

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 Superior Court, and to others, and to the disclosure by the GAL Investigator and by others of any information relevant to the investigation. I understand that my grievance may become public. I understand that this grievance form is a public record.

In filing this grievance with the Walla Walla County Court Services, I affirm that the information I am providing is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Email or mail the completed GAL Grievance Form to:

Email: ngregoire@co.walla-walla.wa.us

Mail: Walla Walla Court Services
Attn: Norrie Gregoire
455 W. Rose Street
Walla Walla, WA 99362