

COMPLAINT FORM

A complaint is a written document alleging that a registered social worker (RSW) or formerly registered social worker has engaged in conduct deserving of sanction.

Please note:

- Complaints should provide as much detail as possible.
- The social worker(s) will be notified and provided with a copy of this form for their response.
- The form must be signed.

If you would like to speak with someone about the conduct or behavior of a social worker or about the Complaints Process before making a formal statement, please contact NLCSW's Associate Registrar, at (709) 753-0200 ext.202.

To make a complaint, please complete this form and mail it to the Newfoundland and Labrador College of Social Workers (NLCSW) at the address provided at the end of the form.

COMPLAINANT INFORMATION	
Your Name:	
Organization Name:	
(where applicable)	

Mailing Address:	

Daytime Phone:	
Email Address:	

RESPONDENT INFORMATION	
Social worker against whom the complaint is being made:	
Social worker's employer:	
Social worker's work phone:	

DETAILS

1. What is your relationship with the social worker? (i.e. client, employer, other)

2. When did the incident(s) occur? (Date/Timeframe)

3. Where did the incident(s) occur?

4. Please provide a general description of the circumstances from which your complaint arises. If you require additional space, you may attach a separate sheet.

5. Based on the information you provided above, please list the concerns about the social worker's conduct or behavior that you wish the Newfoundland and Labrador College of Social Workers to review.

6. Have you discussed your concerns with the social worker? Why or why not?

7. Have you reported this incident to any other body or authority? (i.e. social worker's employer, supervisor/manager). If yes, when was the incident reported and to whom?

8. What was the outcome of your report?

9. Have you taken any other steps to resolve this matter? If so, what?

SIGNATURE:

Print Name:

Signature: (***Required**)

Date:

Any questions regarding the collection or use of this information should be directed to the Associate Registrar, Newfoundland and Labrador College of Social Workers.

Please mail the signed form and any supporting documents to:
Associate Registrar,
Newfoundland and Labrador College of Social Workers
P. O. Box 39039 St. John's, NL A1E 5Y7

All correspondence from this office will be sent by registered mail to the address you have provided. A complete copy of this form will be sent to the social worker for a response.

CHECKLIST:

Have you provided the following?

- Full name of the social worker involved (***If there is more than one social worker involved, please complete a separate form for each one**).
- Complete description of the complaint including any supporting documentation that is directly relevant.
- Your name and a number where you can be reached during the day.
- Sign and date the form. The NLCSW requires the original signed form.