**Complaint Information Form**

Please print, sign and date this form once you have completed filling out all information. If you have any documentation or other relevant information, please attach with this form and send it to our office.

You will be notified when your complaint is received and informed on what action will take place.

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| **Your Name:** |  | **Email Address:** |  |
| **Primary Phone:** |  | **Work Phone:** |  |
| **Address:** |  | | |

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| **Social Worker’s Name:** |  | **Email Address:** |  |
| **Primary Phone:** |  | **Work Phone:** |  |
| **Address:** |  | | |

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| **Where does the Social Worker Practice?** | |
| Hospital/ AHS  Outpatient mental health/AHS  Child and Family services  Delegated First Nations Agency  Private Practice  Residential Treatment Facility | Education/School  Corrections/Criminal Justice  Non-Profit Agency  Municipal Social Services  Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **what is your relationship to the Social Worker?** | |
| Client  Family/friend of client  Family/acquaintance of Social Worker  Colleague | Employer  Other professional body  Other­: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Did the alleged conduct happen in the provision of professional service?** |
| YES  NO |

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| **please describe the conduct you have concerns about and when it happened? (please provide dates and location)** |
|  |
| **What actions have you taken to resolve the concern(s)?** |
|  |
| **What is the outcome you are looking for? What do you want to see happen?** |
| Apology  Education/Training  Supervision  Suspension/Cancellation  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **YOUR SIGNATURE** | **DATE** |
|  |  |