**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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