

When did the event(s) occur? (Date(s), time period)

You may attach to this form relevant documents that help explain your complaint. If applicable, please list those attached documents here and explain how they relate to your complaint.

Document 1: _____

Document 2: _____

Document 3: _____

ACKNOWLEDGMENT AND SIGNATURE:

I understand that copies of complaint material, including this form and any documents attached, may be sent to the Social Worker complained about as part of the complaint process.

I understand that as part of the complaints process the Manitoba College of Social Workers (MCSW) may obtain my personal information, including records and clinical notes, contained in the records of the Social Worker complained about as part of the investigation of my complaint.

Further, I understand that personal information and documents relevant to the evaluation of this complaint may be shared with the Social Worker complained about. I understand that should this complaint be referred to the MCSW Inquiry Committee, there may be a hearing which is open to the public. If a hearing is required, I understand that I may be required to appear as a witness.

I hereby authorize and direct the Social Worker and his/her employing agency (if applicable) to release and exchange information with the Manitoba College of Social Workers for the purpose of evaluating this complaint.

I hereby grant permission for this exchange of information and release the Manitoba College of Social Workers, the Social Worker and his/her employing agency from all legal liability that may arise from this release/exchange of information.

Date _____ Signature _____

(Original signature is required)

Please mail, fax or email the signed Complaint Form and any related material to:

Manitoba College of Social Workers, 101 – 2033 Portage Avenue, Winnipeg, MB R3J 0K6
Phone: (204) 888-9477 Toll Free: 1-844-885-6279 Fax: (204) 831-6359 Email: admin@mcsw.ca
Website: www.mcsw.ca