

## **COMPLAINT FORM**

The Manitoba College of Social Workers (MCSW) assesses complaints in accordance with the Social Work Profession Act, the Social Work Profession Regulation, the MCSW By-Laws, and the MCSW Code of Ethics and professional standards of practice.

To make a complaint, please confirm the person you are complaining about is registered with MCSW. If yes, this form must be completed, signed, and returned to MCSW.

First Name:	Last Nan	ne:
		Postal Code:
Primary Telephone:	Secondary Telephone:	
Email address:		
have provided. If you are file		ronic and/or registered mail at the addresses you individual, MCSW may require the individual to implaint.
VOLUNTARY DECLARAT	TION:	
	and more about you as MCSW soster practices that reflect diversi	trives to understand the demographics of or ity, equity, and inclusion.
Please select all that app	y:	
First Nations		
Metis		
Inuit/Inuk		
Person of Colour		
	/:	
Immigrant/Newo	comer/Refugee	
Member of 2SLG	BTQ+ Community	
Person with a Di	-	
	cophone Community	
Other, please sp	ecify:	

## **SOCIAL WORKER YOU ARE MAKING A COMPLAINT ABOUT:**

Social Worker's Name:
Social Worker's Business Phone number (if known):
Social Worker's Place of Work:
DETAILS OF THE COMPLAINT:
Please describe the circumstances of your complaint, including but not limited to
A description of the specific conduct or actions of the Social Worker Evidence to support the allegations.
The names of any person(s) who witnessed to the alleged conduct/actions
(attach a separate sheet if necessary)
Please outline the date(s) or time periods of the event(s) giving rise to the complaint.
Attach any relevant documents that help explain or support your complaint. Please list those attached documents and explain how they relate to your complaint.
Please ensure that <u>only documents that are relevant</u> to the specific concerns complained about are submitted. Submission of documents unrelated to the complaint may cause delays.
Document 1:
Document 2:
Document 3:

Have you taken any steps to resolve this matter with the Social Worker? If so, please explain.
What would you like to see happen following review of this complaint?
The Social Work Profession Act allows for an informal resolution. Would you be open to an informal resolution? YES NO
* Informal resolution provides an opportunity for the parties to identify a mutually agreeable way to resolve the complaint as an alternative to a formal investigation.
ACKNOWLEDGMENT AND SIGNATURE:
Copies of complaint material, including this form, any documents and any evidence submitted or gathered, may be shared, or released to the Social Worker as part of the complaint or any subsequent processes.
As part of the complaint process the Manitoba College of Social Workers may obtain my personal information, including records and notes, contained in the records of the Social Worker. Complaint reviews do not involve oral or in-person testimony.
Review dates are subject to change and/or additional dates may be required to complete the review. MCSW is unable to provide regular updates or expedite the process.
Following the review, in accordance with <i>the SWPA</i> , a formal written Decision Summary is completed, which contains the decision of the Committee. This document is not intended to be used in any other proceedings.
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 Fax: (204) 831-6359 Email: regulatorypractice@mcsw.ca

Further information can be located at Complaints & Conduct – Manitoba College of Social Workers (mcsw.ca)