

## COMPLAINT FORM

The purpose of professional regulation is to protect the public and maintain the integrity of the profession. The Manitoba College of Social Workers (the College) has a responsibility to assess all complaints, ensuring a fair and just process. The *Social Work Profession Act* (SWPA) is not aimed at satisfying the rights of individual complainants, but rather the protection of the public in general by ensuring social workers are practicing competently and ethically in accordance with the College's code of ethics and standard of practice.

The Complaint Committee's review of complaints is focused on the Social Worker's conduct or behaviours as they relate to the Social Work Code of Ethics and Standards of Practice, the Social Work Profession Act, or the College Regulations and By-Laws.

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

### PERSON FILING THE COMPLAINT:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

*Correspondence from the College will be sent to you by regular, electronic and/or registered mail at the addresses you have provided. If you are filing a complaint on behalf of another individual, the College may require the individual to provide consent to access personal information relating to the complaint.*

### MEMBER 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 conduct or actions of the Social Worker giving rise to the complaint.

Evidence that could support the allegations.

The names of any person who can attest to the allegations.

(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 only documents that are relevant 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 Member? 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. The College is unable to provide updates or expedite the process.

Following the review, in accordance with *the SWPA*, a formal written Decision Summary is completed, which contains the decision of the Committee. This document is confidential and 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: [info@mcsw.ca](mailto:info@mcsw.ca)

Further information can be located at

[Complaints & Conduct – Manitoba College of Social Workers \(mcsw.ca\)](http://mcsw.ca/Complaints%20and%20Conduct)