**Complaint Form**

**Complainant’s Information**

First Name:

Last Name:

Email Address:

Phone Number:

Address (including city, province and postal code):

**Respondent’s Information (the Social Worker or Social Work Technician against whom you are making the complaint). Please indicate if the respondent is a Social Worker or Social Work Technician (if known):**

First Name:

Last Name:

Employer (if known):

Describe your relationship with the respondent (e.g. client, employer, etc.):

When did the event(s) in question take place (please provide date and time frame):

Where did the event(s) in question take place? Please specify:

Please provide a general description of the circumstances that gave rise to the complaint you are submitting:

Please list any concerns about the conduct or behavior of the respondent (i.e. allegations related to professional misconduct, breach of the NBASW Code of Ethics):

Did you speak directly to the respondent about your concerns? Why or why not?

Did you report the incident to another agency or authority (e.g. employer, supervisor,manager)? If yes, who did you report the incident to and on what date?

Did you take any other steps to resolve the issue? If so, please specify.

*\*Please send this complete form and any additional relevant documents to NBASW Registrar, Martine Paquet, at* *martine.paquet@nbasw-attsnb.ca**. If you have any questions regarding the complaint process, you can also call our office at 506-459-5595.*