



Ontario College of  
Social Workers and  
Social Service Workers

250 Bloor St. E.  
Suite 1000  
Toronto ON M4W 1E6

# Reporting Form

## Instructions

Please use this form if:

- you are filing a mandatory report,
- you are a colleague or associate of a member of the College with concerns about a member's practice, or
- you are a member of the public who prefers to have their concerns investigated via the [reports process](#).

Before completing the Reporting Form, please ensure that the individual you wish to report is a member of the College by checking the [Public Register](#). If you are reporting more than one member, please complete separate Reporting Forms for each person to ensure confidentiality as between members.

### ✓ STEP #1: Review the Reports Process

Review the [Mandatory Reporting Guide](#). This will help you understand the reporting process.

### ✓ STEP #2: Complete the Reporting Form

The Reporting Form must include the following details:

- Name and contact information for the Reporter and Contact Person. The Reporter and the Contact Person can be two different people. The person listed on the Reporting Form as the Contact Person is likely to be contacted by the College for further information, so they should have knowledge of the reported incident(s) and the College member involved.
- Date(s) of incident(s)
- Details of incident(s)
- Location of incident(s), such as the facility or agency name and address
- The names and contact information (where available) for any witnesses

If there is more than one incident that led to your report, please list each incident separately and in chronological order. If you are reporting more than two incidents or require additional space, please attach a separate sheet.

### ✓ STEP #3: Attach Documents That Are Relevant to Your Report

In order for the College to successfully conduct an investigation, it is important that you submit any supporting documentation along with your report. Examples include:

- Employment termination letters and notes of termination meetings
- Employer discipline letters and notes of disciplinary meetings
- Internal investigation reports
- Audit reports
- Supervisory notes
- Relevant policies
- Witness statements

For a member who is self-reporting a criminal conviction involving sexual conduct, please include:

- The date of the conviction
- The specifics of the offence
- Documents or transcripts relevant to the proceedings, if available
- Contact information for the relevant Court and Crown Attorney

**Please ensure that any supporting documentation is properly labelled and that you explain its relevance to the report.**

**✓STEP #4: Email, Mail or Fax the Reporting Form and Related Documents to:**

Coordinator, Complaints and Discipline Committee  
Ontario College of Social Work and Social Service Workers  
250 Bloor Street East, Suite 1000  
Toronto, ON M4W 1E6  
Fax: 416-972-1512  
Email: [intake@ocswssw.org](mailto:intake@ocswssw.org)

To file a report with the College, please complete this form and forward it to the College using the contact information provided at the end of the form.

If you would like to talk to someone about the conduct of a social worker or social service worker or about the reports process before filing a report, please contact the College's Complaints and Discipline Department at **416-972-9882 ext. 415**, or **1-877-828-9380 ext. 415**.

**Type of Report (please check all applicable boxes)**

Mandatory employer report of:

- ☐ Termination
- ☐ Resignation in lieu of termination  
for reasons of professional misconduct,  
incompetence or incapacity

Mandatory report under other legislation  
(such as the *Personal Health Information  
Protection Act*):

☐

Non-mandatory report:

☐

Member self-report of:

- ☐ Criminal conviction involving sexual  
conduct

Mandatory report of:

- ☐ Sexual abuse of a client by a social  
worker or social service worker

**A. PERSON FILING THE REPORT**

First Name:

Last Name:

Title/Role:

Agency Name:

Agency Address:

City:

Province:

Postal Code:

Phone:

Email:

Employment Setting:

☐ Child and Family Services

☐ Family Health Team

☐ Other (specify):

☐ Health Care Facility

☐ Self-Employed/Private Practice

☐ Long-Term Care

☐ Social Service/Community Agency

**NB: Anonymous reports may not be processed**

**B. CONTACT PERSON (if different from person filing the report)**

First Name:	Last Name:	
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Title/Role:		
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Agency Name:		
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Agency Address:		
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City:	Province:	Postal Code:
<hr/>	<hr/>	<hr/>
Phone:	Email:	
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Relationship to the Member:		
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**C. MEMBER INFORMATION**

<input type="checkbox"/> Social Worker	<input type="checkbox"/> Social Service Worker	
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First Name:	Last Name:	
<hr/>	<hr/>	
Registration Number:		
<hr/>		
Date of Hire:	Date of Termination/Resignation:	
<hr/>	<hr/>	
Title/Role:		
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Employment Status: Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Casual/Contract <input type="checkbox"/>
<hr/>	<hr/>	<hr/>
Current Employer (if known):		
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**Reports about members who cannot be identified or individuals who are not members cannot be processed.**

**D. INCIDENTS/CONCERNS**

Please describe the conduct or actions of the member of the College giving rise to your report. Please provide sufficient details to enable proper investigation. If you require more space to provide details or you have more than two incidents/concerns to report, you may attach an additional sheet of paper, however please ensure you provide all required information.

**Incident/Concern 1**

When did the incident occur?	Date:	Time:
<hr/>	<hr/>	<hr/>
Where did the incident occur?		
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Describe as clearly and concisely as possible the incident/conduct of concern. Attach and label additional sheets if necessary.

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Please provide the names and contact information of any witnesses or other individuals with relevant information about this incident. This might include colleagues, superiors and/or clients. If you are making a mandatory report of sexual abuse, please **do not** disclose the client's name below unless you have their consent to do so.

I. 

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II. 

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III. 

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Employer action:

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Member's response?

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Consequences to the client, employer and/or others?

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Did you complete an internal investigation or audit of this incident?

☐ Yes

☐ No

What was the outcome/finding?

Please enclose with your report copies of any internal investigation/audit relevant to this issue.

Additional comments:

### Incident/Concern 2

When did the incident occur?

Date:

Time:

Where did the incident occur?

Describe as clearly and concisely as possible the incident/conduct of concern. Attach and label additional sheets if necessary.

Please describe the conduct or actions of a member of the College giving rise to your report. Please provide sufficient details to enable proper investigation. If you require more space to provide details or you have more than two incidents/concerns to report, you may attach an additional sheet of paper, however please ensure you provide all required information.

I.

II.

III.

Employer action:

Member's response?

Consequences to the client, employer and/or others?

Did you complete an internal investigation or audit of this incident?

☐ Yes

☐ No

What was the outcome/finding?

Please enclose with your report copies of any internal investigation/audit relevant to this issue.

Additional comments:

**E. PRIOR HISTORY**

Have there been previous concerns about the Member's conduct or professional abilities? If so, please explain these concern(s) and the steps taken to address the issue(s).

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**F. ACKNOWLEDGEMENT AND SIGNATURE****I have read and I understand the following:**

I confirm that I have read the instructions to complete the Reporting Form. I have provided all relevant information required by the Reporting Form and have included all relevant information and supporting documents in my submission. I understand that the Ontario College of Social Workers and Social Service Workers (OCSWSSW) may contact me and/or the reporting agency to obtain additional information as part of the investigation. The College may share some or all of the information and documents that it receives from me and/or the reporting agency and/or other parties with the member who is subject of the report.

The information on this form is collected under the authority of the *Social Work and Social Service Work Act, 1998*. The information provided will be used to process my report.

I understand that if this report is referred to the Discipline Committee, personal information and other information collected during the investigation must be disclosed to the member and may be considered during a hearing of the Discipline Committee, which is a public forum.

Print Name:

Signature:

Date:

Any questions regarding the collection or use of this information should be directed to the Complaints and Discipline Department at the College.

**Please mail, fax or email this form when completed to:**

Coordinator, Complaints and Discipline  
Ontario College of Social Workers and Social Service Workers  
250 Bloor Street East, Suite 1000  
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