



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  
Email: [investigations@ocswssw.org](mailto:investigations@ocswssw.org)  
Tel: 416-972-9882 ext. 210 or ext. 223  
Fax: 416-972-1512  
Toll free: 1-877-828-9380 ext. 210 or ext. 223

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. 210 or 223**, or **1-877-828-9380 ext. 210 or 223**.

**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
- Health Care Facility
- Long-Term Care
- Family Health Team
- Self-Employed/Private Practice
- Social Service/Community Agency
- Other (specify): \_\_\_\_\_

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

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

First Name:	Last Name:	
_____		
Title/Role:		
_____		
Agency Name:		
_____		
Agency Address:		
_____		
City:	Province:	Postal Code:
_____		
Phone:	Email:	
_____		
Relationship to the Member:		
_____		

**C. MEMBER INFORMATION**

<input type="checkbox"/> Social Worker	<input type="checkbox"/> Social Service Worker	
First Name:	Last Name:	
_____		
Registration Number:		
_____		
Date of Hire:	Date of Termination/Resignation:	
_____		
Title/Role:		
_____		
Employment Status: Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Casual/Contract <input type="checkbox"/>
_____		
Current Employer (if known):		
_____		

**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:
_____		
Where did the incident occur?		
_____		

*Continued on next page*





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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

