



Ontario College of
Social Workers and
Social Service Workers

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

Complaint Form

To make a complaint, please complete this form and mail, fax or email it to the College at the address 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 complaints process before lodging a formal complaint, please contact the Complaints and Discipline Department staff at 416-972-9882 or 1-877-828-9380, ext. 210 or 223.

What the College cannot do:

- Address complaints about individuals who were never registered with the Ontario College of Social Workers and Social Service Workers
- Address complaints about institutions or agencies
- Award money or damages
- Consider anonymously placed complaints
- Process complaints without notifying the Member about the complaint
- Reconsider or instruct the reconsideration of a custody and access assessment or influence a matter that is, or has been, before the courts

A. PERSON FILING THE COMPLAINT

First Name:

Last Name:

Address:

City:

Province:

Postal Code:

Phone:

Email:

Anonymous complaints cannot be processed

If you are not the client of the Member to whom the complaint relates, please describe your relationship to the client and provide details about the client in Section B.

B. CLIENT INFORMATION (if different from person filing the complaint)

First Name:

Last Name:

Address:

City:

Province:

Postal Code:

Phone:

Email:

Date of Birth:

If you are filing a complaint on behalf of another individual, the College may require the individual to provide consent to access personal information related to the complaint.

C. MEMBER AGAINST WHOM THE COMPLAINT IS BEING MADE

Social Worker Social Service Worker

First Name: _____ Last Name: _____

If the name of the Member is unknown, please provide sufficient details so that by reasonable inquiry the College can determine the name of the Member.

Complaints against Members who cannot be identified or individuals who are not Members cannot be processed.

Where did you see this Member? (check one)

Hospital Agency Centre Private Practice School or University
 Other (please specify): _____

Date(s) you saw this Member: _____

If you are filing a complaint on behalf of another individual, "you" relates to the person you are filing the complaint on behalf of.

D. PLACE WHERE SERVICES WERE RECEIVED (Hospital; Centre; Agency; Private Practice)

Facility Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email/ Website: _____

E. DETAILS OF COMPLAINT

STEP #1: Please provide the following details relevant to the complaint:

When did the incident(s) occur? Date: _____ Time: _____

Where did the incident(s) occur? _____

STEP #2: Please provide a general description of the circumstances from which your complaint arises:

If you require additional space you may attach a separate sheet.

STEP #3: Based on the information you provided in steps 1 and 2, please list the concerns about the Member’s conduct or actions that you wish the College to investigate in the numbered spaces below:

*****NOTE: Please ensure that all of your concerns about the Member’s conduct or actions are included below. Any concerns not included on this Form may result in the College being unable to process those concerns.**

Concern #1:

Why are you concerned about this?

Concern #2:

Why are you concerned about this?

Concern #3:

Why are you concerned about this?

If there are more than three areas of concern, please attach on a separate sheet.

You may provide to the College materials or documents that are relevant to the complaint. However, you must indicate how each document relates to your complaint.

Have you reported the incident to any other body or authority (i.e. police; Member’s employer)? Yes No
 If yes, when was the incident reported and to whom?

What was the outcome of your report?

Have you taken any steps to resolve this matter? If so, what?

F. ACKNOWLEDGEMENT AND SIGNATURE

I have read and I understand the following:

I understand that the Ontario College of Social Workers and Social Service Workers (OCSWSSW) may obtain my relevant personal information (including the clinical notes of the Member) as part of the investigation. The College may share some or all of the information and documents that it receives from me and other parties with the Member complained about.

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 complaint.

I understand that if this complaint 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 the signed Complaint Form and any related documents to:

Coordinator, Complaints and Discipline

Ontario College of Social Workers and Social Service Workers
 250 Bloor Street East, Suite 1000
 Toronto, ON M4W 1E6
 Fax: 416-972-1512
 Email: Investigations@ocswssw.org

All correspondence from us will be sent by regular mail to preserve confidentiality.

Checklist

Have you provided the following?

- Full name(s) and address(es) of the social worker(s) or social service worker(s) involved
- Complete description of the complaint
- Your name and a number where you can be reached during the day
- Signed and dated acknowledgement section