

COMPLAINT REGISTRATION FORM

INFORMATION & INSTRUCTIONS

- COMPLETE COMPLAINT REGISTRATION FORM:** This form may be printed or completed electronically. Complete both pages of the form, including:
 - a detailed description of all the facts related to your complaint against the social worker, and;
 - any information that may be relevant to the Board’s investigation, for example, copies of documents, and names, addresses, or phone numbers of people who may have information about your complaint.
- SUBMIT COMPLETED FORM AND DOCUMENTS:** Please submit your completed form and any attached documents to the Board via **mail, email, or fax**. Please do **NOT** submit original records as they will not be returned to you. The mailing address, email address, and fax number for the Board are listed above.
- BOARD AUTHORITY:** Please note that the Board of Social Work’s authority to investigate complaints is limited to:
 - individuals licensed with the Board of Social Work;
 - applicants for licensure with the Board of Social Work;
 - and individuals practicing social work or using the social worker title without a license.

The Board has no authority over unlicensed county social workers, as social work licensure for individuals employed with the county is voluntary under Minnesota law. Submission of the Complaint Registration Form does not automatically result in action taken against the licensee.
- BOARD REVIEW PROCESS:** The Board will notify you in writing via mail within 14 days of the receipt of your complaint. You will also be notified in writing of the outcome of your complaint when the investigation is concluded. The Board may contact you for additional information. More information about the complaint review process is available at the Board’s website, listed above.
- NOTICE OF RIGHTS UNDER THE MINNESOTA DATA PRACTICES ACT:** This data is being collected to investigate and resolve allegations that a person within the jurisdiction of the Board of Social Work has violated a law the Board is authorized to enforce. You may refuse to provide this data, but failure to provide the data may result in the Board being unable to investigate your complaint. Your identity will not be made public, although some of the data you provide could be made public if the Board takes disciplinary or corrective action against the licensee. The information you provide will be accessible to Board staff and may also be released to other persons or governmental entities that have statutory authority to review the data, such as Board members, the Office of the Minnesota Attorney General, and the Office of the Legislative Auditor.

YOUR CONTACT INFORMATION

FIRST NAME:		LAST NAME:			
MAILING ADDRESS:					TYPE (check one): <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
CITY:	COUNTY:	STATE:	ZIP CODE:		
PHONE NUMBER:		TYPE (check one): <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other			
EMAIL ADDRESS:					
I am a (check all that apply):					
<input type="checkbox"/> Client or patient		<input type="checkbox"/> Family or friend of client or patient		<input type="checkbox"/> Insurer	
<input type="checkbox"/> Other licensed health professional		<input type="checkbox"/> Agency		<input type="checkbox"/> Licensed social worker	
<input type="checkbox"/> Other: _____					

SOCIAL WORKER'S INFORMATION

- Please provide as much of this information as you know. If the Board is unable to identify the social worker from the information you provide, the Board may be unable to investigate your complaint.

FIRST NAME:	MIDDLE NAME:	LAST NAME:	
EMPLOYER:			
ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP CODE:
PHONE NUMBER:			

STATEMENT OF COMPLAINT

- You may attach additional sheets and documentation as needed.

ACKNOWLEDGMENT & SIGNATURE

I attest all information provided in this Complaint Registration Form is true and correct to the best of my knowledge.

SIGNATURE <i>(electronic signatures are acceptable if completing electronically):</i>	DATE:
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