

COMPLAINT REGISTRATION FORM

Instructions: Please complete this form. If the Board needs to proceed to a contested case hearing, you'll be required to re-sign this form in the presence of a notary public. Please attach a complete and detailed written description of your information including names, addresses, and telephone numbers of other persons with knowledge of your information; dates of service; names, addresses, and telephone numbers of the clients; dates of significant events, and *copies* of any records you'd like the Board's investigator and Compliance Committee to review. **Please don't submit original records.** If you do submit original records that you would like returned, please identify the documents and note that you would like them returned. Please review the Board's website (www.socialwork.state.mn.us) for more information about the Board's compliance process.

SOCIAL WORKER'S NAME:

YOUR NAME:

First Name, Middle Initial, and Last Name

First Name, Middle Initial, and Last Name

Agency/ Place of Employment

Address

Address

City, State, and Zip Code

City, State, and ZIP Code

Telephone Numbers:

Telephone Numbers (if known):

Home: _____

Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Please check all applicable responses: I am a Client or patient Family or friend of the client or patient Insurer Licensee (social worker); Other licensed health professional; Agency; Other (please describe _____)

I understand that I am not legally required to complete this form or to submit additional information. I am providing it so the Board may properly and thoroughly evaluate and investigate my report and, if necessary, use this information in any administrative or legal proceeding. Recognizing the Board's need to verify and, if necessary, administratively or legally pursue this report, I authorize the Board, its agents, and agents of the Attorney General representing the Board to disclose this information to those whom they reasonably believe have a need to know and, if I am a client, I authorize the social worker to provide to the Board, if needed and upon the Board's request, complete copies of all relevant records about social work services that the social worker provided to me.

Your signature

Today's date

OPTIONAL – notarization required only if the Board proceeds to a contested case hearing.

*Subscribed and sworn to before me,
this _____ day of _____, 20____.*

Notary Public Signature

My Commission expires on _____ day of _____, 20____.