



Alabama State Board of Social Work Examiners
Post Office Box 301620
Montgomery Alabama 36130-1620
334-242-5860

Complaint Form

Your Name	Mr. _____ Ms. _____
	(Last Name) (First Name) (Middle)
Your Mailing Address	_____
City	_____
State	_____
Zip	_____
Telephone Number	_____
(where we may reach you during the day)	

Social Worker this Complaint is on:

Name: _____

Organization _____

Address: _____

To whom did it happen? To you: () To a member of your family: ()

Please identify _____

Did anyone witness what happen? Yes () No ()

Would this witness be willing to confirm your story? Yes () No ()

Would witness be willing to testify if necessary? Yes () No ()

Do you have any bills, forms, or other written evidence that concerns this complaint? Yes () No ()

If so, please send **copies** of the related papers along with this form. **(No originals please)**

All the above information I have given in this complaint is true, correct, and accurate.

Date: _____ Your Signature: _____

(please continue to the next page)

What is your complaint? After referring to the Administrative Code 850-X-9 *Standards of Professional Conduct & Ethics*, please tell us if you can, where the social worker violated this professional code.

When did this happen? Give date _____ and time if known _____

Where did it happen? In the Professional's Office? () In your home? ()

Other: _____

Please write in detail: What happen? Who did what to whom? What was said? Then what happen? What was the effect or the result of the treatment or the behavior or service on you, the patient, or the client? You may use additional sheets of paper If necessary, however you **must sign each sheet.**

AUTHORIZATION FORM
ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS

I request and authorize _____ and/or other licensed professional or practitioner named here: _____ authorization to disclose fully to the Alabama State Board of Social Work Examiners and its authorized representative, all information and records relating to this treatment, prognosis or service made for and/or on my behalf by the said practitioner or institution

I hereby waive any and all personal Privilege, which may attach to such information.

Date: _____ Your Signature: _____.

Witness By: _____ please print name: _____