

ALLEGATION INFORMATION FORM

An allegation is a written document alleging that a registered social worker (RSW) or formerly registered social worker has engaged in conduct deserving of sanction.

Please note:

- Allegations should provide as much detail as possible.
- The Social worker (s) will be notified of the allegation and provided with a copy of this form for their response.
- The allegation must be signed

If you would like to speak with someone about the conduct or behavior of a social worker or about the Professional Conduct Review process before making a formal statement of allegation, please contact the Associate Registrar, at (709) 753-0200 ext.202.

To make an allegation, please complete this form and mail it to the Newfoundland and Labrador Association of Social Workers (NLASW) at the address provided at the end of the form.

COMPLAINANT INFORMATION

Your Name:	
Organization Name:	
(where applicable)	

Mailing Address:	
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Daytime Phone:		Email:	
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RESPONDENT INFORMATION

Social Worker against whom allegation is being made:	
Social Worker's employer:	
Social Worker's Work Phone:	

DETAILS OF ALLEGATION

1. What is your relationship with the social worker? (i.e. client, employer, other)

2. When did the incident(s) occur? (Date/Timeframe)

3. Where did the incident(s) occur?

4. Please provide a general description of the circumstances from which your allegation arises. (If you require additional space, you may attach a separate sheet.)

5. Based on the information you provided above, please list the concerns about the social worker's conduct or behavior that you wish the Newfoundland and Labrador Association of Social Workers to review.

6. Have you discussed your concerns with the social worker? Why or why not?

7. Have you reported this incident to any other body or authority? (i.e. social worker's employer, supervisor/manager)
If yes, when was the incident reported and to whom?

8. What was the outcome of your report?

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

SIGNATURE

Print Name:

Signature: **(*Required)**

Date:

Any questions regarding the collection or use of this information should be directed to the Associate Registrar, Newfoundland and Labrador Association of Social Workers.

Please mail the signed Allegation Information Form and any supporting documents to:

Associate Registrar,
Newfoundland and Labrador Association of Social Workers
P. O. Box 39039
St. John's, NL
A1E 5Y7

All correspondence from this office will be sent by registered mail to the address you have provided. A complete copy of this form will be sent to the social worker for a response.

CHECKLIST

Have you provided the following?

- Full name of the social worker involved **(*If there is more than one social worker involved in your allegation, please complete a separate allegation form for each one)**
- Complete description of the allegation including any supporting documentation that is directly relevant to the allegation
- Your name and a number where you can be reached during the day
- Signed and dated the form. The NLASW requires the original signed form.