

MISSISSIPPI STATE BOARD OF EXAMINERS for SOCIAL WORKERS
and MARRIAGE AND FAMILY THERAPISTS

OFFICIAL COMPLAINT FORM

(Please type or print in black ink. No corrections, white-outs or write-overs will be accepted.)

I, the undersigned, wish to file an official complaint against _____, a social worker _____ or marriage and family therapists _____ licensed by this Board. License Number, if known, _____,

Home address: _____

Employer's Telephone No. (_____) _____ Home Phone: (_____) _____

Name and address of person (s) against whom alleged offense was perpetrated:

Complainant's relationship to person against whom complaint is being filed (e.g. supervisor, co-worker, patient,etc)

What is your complaint? Please be specific. (In your own words tell who, when, where, and how about the complaint. Tell why you feel harmed. Continue on back of page if needed

How does this action or incident(s) violate the Social Worker's or Marriage and Family Therapists' Code of Ethics or Standard of Conduct?

What are the approximate date or dates of this alleged offense? _____ Where did the alleged offense occur? City _____ State _____

County _____

Name of Complainant: _____ Address: _____

_____ PH :(_____) _____

I, the undersigned, do solemnly swear or affirm that I am the above complainant. All the above and/or attached statements are true to the best of my knowledge and belief. I am willing to testify to these matters before this Board or court of law if called to do so.

Subscribed and sworn to before me on this _____ day of _____, 20_____.
My commission expires _____

Notary Public

Complainant's Signature Date

Affix seal here