



NORTH CAROLINA  
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043  
Asheboro, North Carolina 27204

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Website: [www.ncswboard.org](http://www.ncswboard.org)

Phone (336) 625-1679

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## COMPLAINT FORM

Please read the following sections from the North Carolina Administrative Code, Title 21, Occupational Licensing Boards, Chapter 63, Social Work Certification and Licensure Board, Section .0500-Ethical Guidelines, and Section .0600-Disciplinary Procedures. These can be found on the Board's website at [ncswboard.org](http://ncswboard.org), or you may contact the Board at the number below for a printed copy.

Please: 1) type or print clearly, 2) do not write near (within one-half inch) of the edges of the paper to allow for complete copying of your information, 3) include a separate, narrative statement and timeline of what occurred along with any other information you wish the Board to consider as it addresses this matter, 4) Identify witnesses, sources of evidence, or other significant information, in "Sources of Evidence" below, or provide a separate listing.

For any questions about this form or the complaint process, please contact the Board office, toll free at 1-866-397-5263.

We recommend that you keep a copy of the completed complaint for your records.

Complaint Against: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

License number \_\_\_\_\_ (call the Board at 866 397 5263, if you cannot locate this number)

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Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Data to be furnished by the Complainant

1. Statement of Complaint: The statement should respond to the criteria listed in Section .0500-Ethical Guidelines and should identify the actions that are violations of the ethics standards of the North Carolina Board established for licensed or certified social workers.

Please indicate the relevant subsections of Section .0500, and attach detailed, narrative description of the events and evidence supporting the complaint.

- \_\_\_\_\_ .0501 PURPOSE AND SCOPE  
 (a),  (b),  (c),  (d)
- \_\_\_\_\_ .0503 GENERAL PROFESSIONAL RESPONSIBILITIES  
 (a),  (b),  (c),  (d),  (e)
- \_\_\_\_\_ .0504 RESPONSIBILITIES IN PROFESSIONAL RELATIONSHIPS  
 (a),  (b),  (c),  (d),  (e),  (f),  (g),  (h)
- \_\_\_\_\_ .0505 RELATIONSHIPS WITH COLLEAGUES  
 (1),  (2),  (3),  (4),  (5)
- \_\_\_\_\_ .0506 REMUNERATION  
 (a),  (b),  (c),  (d)
- \_\_\_\_\_ .0507 CONFIDENTIALITY AND RECORD KEEPING  
 (a),  (b),  (c),  (d),  (e)
- \_\_\_\_\_ .0508 PURSUIT OF RESEARCH AND SCHOLARLY ACTIVITIES  
 (1),  (2),  (3),  (4),  (5),  (6)
- \_\_\_\_\_ .0509 PUBLIC STATEMENTS  
 (a),  (b),  (c),  (d),  (e)
- \_\_\_\_\_ Other Concerns (describe in the narrative attachment).

2. Sources of Evidence: The complainant should list individuals (and their contact information, if known), who may be in a position to substantiate this report and should list any documentary sources of information that will support the complaint. Use a separate sheet if needed.

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**Please complete the signature page**

Please complete the following Declaration:

I, \_\_\_\_\_, hereby file a complaint for consideration by  
Complainant's Name

**THE NORTH CAROLINA SOCIAL WORK CERTIFICATION AND LICENSURE BOARD against**

\_\_\_\_\_.  
Social Worker's Name

**I have read and understand the ethics standards and disciplinary procedures of the North Carolina Social Work Certification and Licensure Board. I swear or affirm that the information provided herein is true, based on my personal knowledge or based upon information I believe to be true.**

**Confidentiality Limitations**

**I am aware that ethics complaints are considered confidential and are not disclosed to the public until and unless a Notice of Hearing, Consent Order, or Final Agency Decision is rendered. Open/active complaints (unless noticed for hearing) and unsubstantiated complaints are not public record.**

**I further understand that complaint materials are usually copied and sent to the social worker for response. The Board does not have the legal authority to withhold the identity of the complainant or anyone identified in this complaint from the social worker. Should the complaint conclude in a public finding, the Board can only withhold from public disclosure the identity of any client who has not consented to the public disclosure of social work services provided to him or her by the applicant, certificate holder, or licensee.**

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Printed Name of the Complainant

\_\_\_\_\_  
Date

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**Please return completed form to:  
North Carolina Social Work Certification and Licensure Board  
P. O. Box 1043  
Asheboro, NC 27204**