Prince Edward Island Social Work Registration Board

## Complaint Form Instructions

Before completing the Complaint Report Form, please ensure that the individual you wish to report is a social worker registered in the province of Prince Edward Island. You can contact the Prince Edward Island Social Work Registration Board (PEISWRB) to confirm or check the online list of Social Workers [here](http://socialworkpei.ca/registry/registered-social-workers/).

## Directions

You may complete the form electronically by downloading the form and typing in the appropriate areas. If you complete the form electronically, **you must print it off and sign the form**. The copy can then be scanned or mailed to the Registrar.

If completing by hand, please ensure the writing is legible. If you require additional space, please attach additional information with this complaint form and clearly label the sections. The completed document may be scanned or mailed to the registrar.

## Unprofessional Conduct

The PEISWRB is responsible for investigating complaints of unprofessional conduct.

The *Social Work Act* defines unprofessional conduct as:

(i) conduct unbecoming a social worker, or professional misconduct, including gross negligence or incompetence,

(ii) conduct that is likely to (A) be contrary to the best interests of the public or of the social work profession, or (B) be contrary to any code of ethics adopted by the Board,

 (iii) carrying on the practice of social work while suspended in accordance with this Act,

 (iv) conduct that is in violation of this Act or the regulations, or

 (v) such other conduct as may be prescribed.

Section 3(1) of the Standards and Discipline Regulations provide additional examples of unprofessional conduct, found [here](https://www.princeedwardisland.ca/sites/default/files/legislation/S%2605-2-Social%20Work%20Act%20Standards%20and%20Discipline%20Regulations.pdf).

It may be helpful to review the Code of Ethics, Values, and Guiding Principles found here.

## Scope of the PEISWRB

PEISWRB has the legal authority to investigate complaints of unprofessional conduct by registered social workers. Concerns about system issues, legislation, policy or procedures of an employer which are beyond the social worker’s control do not usually meet the threshold of unprofessional conduct.

## Limitations of the Complaint Process

Please note that the complaint process cannot change or substitute a decision made by a social worker and it cannot result in money or damages being paid.

## Alterative Resolutions

Before filing a complaint of unprofessional conduct, you may wish to discuss your concerns directly with the social worker or with the social worker’s employer, supervisor, or manager.

## Filing the complaint

To file a report with the PEISWRB, complete the attached form and forward it to the Board at registrar.peiswrb@gmail.com or mail to:

PEI Social Work Registration Board

C/O Voluntary Resource Centre

Attention: Registrar, Confidential

81 Prince Street

Charlottetown, PE, C1A 4R3

Once your complaint has been received, you will hear from the Registrar within five to seven business days. If you have not been contacted after seven business days, please check your junk email folder or call the Voluntary Resource Centre at 902-368-7337 to confirm your contact information.

If you would like to talk to someone about the conduct of a social worker or about the reporting process before filing a report, or if you need assistance in completing the form, please contact the Registrar at registrar.peiswrb@gmail.com.

Complaint Report Form

## A. COMPLAINANT CONTACT INFORMATION

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name | Last Name |
|  |  |  |

Complainant Contact Information *(for the use of the PEISWRB only)*

Mailing Address:

City: Province: Postal Code:

Phone: Is it okay to leave a voice mail? Yes No

Alternate Phone: Confidential Email:

If you are making this complaint on behalf of another person, please provide their name and contact information:

Relationship to the complainant:

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name | Last Name |
|  |  |  |

Contact information *(for the use of the PEISWRB only)*

Mailing Address:

City: Province: Postal Code:

Phone: Is it okay to leave a voice mail? Yes No

Alternate Phone:

Confidential Email:

Please note, anonymous reports may not be processed.

## B. AFFECTED SOCIAL WORKER

The affected social worker is the person you are making a complaint against.

If you are reporting concerns regarding more than one social worker, please complete separate Complaint Report Forms for each individual.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Place of Employment |  |
| Title/Role |  |
| Phone | Email |
| Relationship to the Complainant |  |

If this social worker is delivering social work services in PEI but residing elsewhere, please indicate the province where the social worker resides, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reports about social workers who cannot be identified or individuals who are not registered in PEI cannot be processed.

## C. COMPLAINT

Part One: Please describe the conduct or actions of the social worker which have been identified as cause for concern. Please note when the incident occurred, where the incident occurred, who was present, and what happened. Describe the situation as clearly and concisely as possible. The registrar and/or investigation committee will request additional information as required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part Two: Please provide the names and contact information of any witnesses or other individuals with relevant information about this incident.

1.

2.

3.

Part Three: What steps, if any, have you or others taken to address the concern? This may include addressing the concern with the affected social worker, their supervisor, or employer. Please include any responses received from the affected social worker or others.

Part Four: Does your concern relate to the legislation, policies, or procedures of the employer or organization where the affected social worker is employed?

 Yes No Unknown

## D. ADDITIONAL INFORMATION

Additional information is not required but may be useful in assessing the complaint if it is available. If you have it available, please include additional relevant information with your complaint. This may include:

* Service agreement forms
* Consent to service forms
* Case plan, treatment plan, or record of the interaction
* Copies of relevant emails, texts, screen shots, or other correspondence

You are not required to include information that is outside the scope of the complaint or information that is available publicly, such as legislation, journal articles, or caselaw. If you have questions, please reach out to the PEISWRB.

## E. ACKNOWLEDGEMENT AND SIGNATURE

I have read and I understand the following:

* I declare that the information provided is true to the best of my knowledge.
* I understand that the PEISWRB must share a copy of my complaint with the affected social worker. Contact information of the complainant will be kept confidential.
* I understand that the PEISWRB or an investigation committee may contact me to obtain additional information as part of the investigation.
* The information on this form is collected under the authority of the PEI Social Work Act. The information provided will be used to process my report.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may submit your completed form to:

PEISWRB

C/O Voluntary Resource Centre

Attention: Registrar, Confidential

81 Prince Street

Charlottetown, PE, C1A 4R3

OR

Email: registrar.peiswrb@gmail.com