



## COMPLAINT FORM

### Notes

1. All complaints must be lodged in writing by filling in this Complaint Form available from the Accreditation website or the Accreditation Secretariat and mailed by post to the Head, Accreditation Secretariat at the following address:  
  
Head, Accreditation Secretariat  
Singapore Association of Social Workers  
Blk 324 Clementi Ave 5 #01-209 Singapore 120324
2. All sections in the form must be completed clearly and legibly. The contents may be handwritten or typewritten. Additional sheets may be attached to the form if space is insufficient. Anonymous submissions and untraceable complainants will not be considered.
3. Documentary evidence and statements of witnesses may be submitted in support of the complaint on condition that the witnesses will attend an inquiry, if one is convened.
4. Written submission and witness statements must be made in first person knowledge, giving the date(s) when the complained events occurred.
5. Reasons must be given if the event complained of had occurred more than two years prior to the date on which the complaint is lodged.
6. The Social Work Accreditation and Advisory Board shall assess the complaint and decide on further action.
7. The Social Work Accreditation and Advisory Board will only deal with issues relating to a breach of the Code of Ethics of Social Workers set up by the Singapore Association of Social Workers and adopted by the Board and/or professional misconduct. If necessary, the Social Work Accreditation and Advisory Board may refer the matter to a Disciplinary Committee for a full inquiry. In this case, all the information relating to the complaint will be copied to the Registered Social Worker-Provisional, Registered Social Worker or Registered Social Service Practitioner under complaint to enable the latter to prepare for a defence.
8. For any clarifications or assistance in filling this form, please call the Accreditation Secretariat at 67787922. Please keep a copy of this completed form for reference.

**Section 1: Personal Particulars of Complainant**

If there is more than one complainant, please provide personal particulars of the other complainants in (b) and (c) below. \* Please delete accordingly.

**(a) Personal Particulars of Principal Complainant**

Name (Dr/Mr/Mrs/Mdm/Ms\*)

Contact Address

Contact Tel. No.

NRIC/Passport No.

Email address

**(b) Personal Particulars of Other Complainant**

Name (Dr/Mr/Mrs/Mdm/Ms\*)

Contact Address

Contact Tel. No.

NRIC/Passport No.

Email address

**(c) Personal Particulars of Other Complainant**

Name (Dr/Mr/Mrs/Mdm/Ms\*)

Contact Address

Contact Tel. No.

NRIC/Passport No.

Email address

**Section 2: Personal Particulars of Registered Social Worker(s)-Provisional /Registered Social Worker(s)/Registered Social Service Practitioner(s)\* Under Complaint**

Please provide contact information if known.

Name (Dr/Mr/Mrs/Mdm/Ms\*)

Registered Social Worker-Provisional/Registered Social Worker/Registered Social Service Practitioner\*

Employing Agency

Contact Address

Contact Tel. No.

Email address

Name (Dr/Mr/Mrs/Mdm/Ms\*)

Registered Social Worker-Provisional/Registered Social Worker/Registered Social Service Practitioner\*

Employing Agency

Contact Address

Contact Tel. No.

Email address

Name (Dr/Mr/Mrs/Mdm/Ms\*)

Registered Social Worker-Provisional/Registered Social Worker/Registered Social Service Practitioner\*

Employing Agency

Contact Address

Contact Tel. No.

Email address





**Section 5: Declaration and Consent**

- i. I/We\* hereby declare that the information provided by me/us\* in this form is true and correct to the best of my/our\* knowledge. I/We\* understand that if the information is found to be false and incorrect, my/our\* complaint may be dismissed immediately.
- ii. I/We\* agree that my/our\* identity and the information provided by me/us\* will be disclosed to the Registered Social Worker(s)-Provisional/Registered Social Worker(s)/Registered Social Service Practitioner(s) under complaint to prepare for a defence. I/We\* understand that if I/we\* fail to agree to this, my/our\* complaint may be dismissed immediately.
- iii. I/We\* agree that relevant extract/s of this complaint may be shared with the employer of the Registered Social Worker – Provisional / Registered Social Worker / Registered Social Service Practitioner.
- iv. I/We\* agree that this complaint and the supportive evidence provided will be examined by the Social Work Accreditation and Advisory Board and where appropriate, will be used in the conduct of disciplinary proceedings relating to the inquiry.
- v. I/We\* agree to provide additional information in writing and/or in person at an inquiry if requested to do so. If it is in person, the inquiry will be audio recorded.
- vi. I/We\* agree that if I/we fail\* to attend an inquiry session or fail to provide additional information to aid in the inquiry without valid reasons, my/our\* complaint may be dismissed immediately.
- vii. I/We\* also agree that the decision of the Social Work Accreditation and Advisory Board with regard to my/our\* complaint is final.

\_\_\_\_\_  
Name of Principal Complainant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Other Complainant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Other Complainant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date