Oklahoma State Board of Licensed Social Workers

Post Office Box 18817
Oklahoma City,OK 73154
(405) 521-3712 (Office)

4545 N. Lincoln Blvd.,Suite 162
Oklahoma City,OK 73105
(405) 521-3713 (Fax)

REPORT OF ALLEGED VIOLATION

Please furnish all identifying information, including addresses and telephone numbers, for the complainant, witnesses, and the professional against whom the report is being filed. Please complete all pages of this form. Additional pages may be added if necessary. **PLEASE PRINT LEGIBLY OR TYPE. Forms may be faxed or sent by mail.**

COMPLAINANT: PERSON FILING REPORT

If Anonymous, Check Here: ☐

Name: _____
First Middle Last

Address to receive correspondence/communication from this office:

_____
Street (Apt., Suite #) City State Zip Code

Home Phone: _____; Work Phone:_____

Email Address: _____

Best time to contact you would be? _____a.m./p.m. to _____ a.m./p.m.

May we contact you at your place of employment by phone? Yes ☐ No ☐

May we contact you at your place of employment by email? Yes ☐ No ☐

What is your relationship with the Professional? ☐ Client/Patient ☐ Colleague ☐ Other

If other, please explain:

_____
_____

_____ _____
Signature of Complainant Date

RESPONDENT: PROFESSIONAL AGAINST WHOM THE COMPLAINT IS FILED

Name: _____
First Middle Last

Licensure Level of Professional (if known): _____

License Number of Professional (if known): _____

Address: _____
Street (Apt, Suite #) City State Zip Code

Home Phone: _____ Work Phone: _____

Email Address: _____

Employer Name of the Professional: _____

Employer Phone Number of the Professional: _____

Employer Address of the Professional:

_____
Street (Apt, Suite #) City State Zip Code

COMPLAINT NARRATIVE: DESCRIBE THE NATURE OF THE COMPLAINT, INCLUDE ADDITIONAL PAGES AS NEED:

_____

_____

_____

_____

_____

_____

_____

Telephone: (405) 521-3712 ** Fax:(405) 521-3713 ** Website: www.ok.gov/socialworkers

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WITNESS INFORMATION:

1) Name: _____
First Middle Last

Address:_____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Email Address: _____

Relationship to the person against whom the complaint is made: _____

2) Name: _____
First Middle Last

Address:_____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Email Address: _____

Relationship to the person against whom the complaint is made: _____

3) Name: _____
First Middle Last

Address:_____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Email Address: _____

Relationship to the person against whom the complaint is made: _____

4) Name: _____
First Middle Last

Address:_____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Email Address: _____

Relationship to the person against whom the complaint is made: _____

5) Name: _____
First Middle Last

Address:_____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Email Address: _____

Relationship to the person against whom the complaint is made: _____

6) Name: _____
First Middle Last

Address:_____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Email Address: _____

Relationship to the person against whom the complaint is made: _____

7) Name: _____
First Middle Last

Address:_____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Email Address: _____

Relationship to the person against whom the complaint is made: _____