

# Board of Licensed Social Workers State of Oklahoma

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



3700 Classen Blvd. STE 162  
Oklahoma City, OK 73118

## 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 or supporting documentation may be added as necessary. PLEASE PRINT LEGIBLY or TYPE. Forms and attachments may be sent by fax or snail mail.

### COMPLAINANT: PERSON FILING REPORT

Anonymouse, Click Here

Complainant Name:

Complainant Mailing Address (Street, City, State, Zip):

Complainant Contact Phone Number:

Complainant Email:

Best time to contact complainant should the need arise:

Complainant's relationship with the Social Worker:

Signature of Complainant: \_\_\_\_\_

### RESPONDENT: PERSON AGAINST WHOM THE COMPLAINT IS BEING FILED

Social Worker's Name:

Licensure Level of the Social Worker, (if known); e.g., LCSW, LSW-ADM, LSW, LMSW, LSWA:

License Number of the Social Worker, (if known):

Social Worker Address (Street, City, State, Zip), if known:

Social Worker Contact Phone (if known):

Social Worker Email Address (if known):

Social Worker's Place of Employment (if known):

Complaint Narrative: DESCRIBE THE NATURE OF THE COMPLAINT IN THIS SECTION. USE SECTION ON PAGE TWO IF THIS SECTION IS FILLED TO CAPACITY.

[Empty rectangular box for complaint narrative]

Complaint Narrative  
Continued: DESCRIBE THE  
NATURE OF THE COMPLAINT  
IN THIS SECTION.

## Collateral Contact Information/Witness Information

Name:

Address:

Phone:

Email:

Relationship to Social Worker:

Name:

Address:

Phone:

Email:

Relationship to Social Worker:

Name:

Address:

Phone:

Email:

Relationship to Social Worker:

Name:

Address:

Phone:

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