



# COMPLAINTS FORM

## Ethics Complaints Management Process

The AASW Pty Ltd Ethics Officer and Ethics Panel are best able to respond to complaints about social workers when they have the appropriate information. This form covers the information we need, however any other relevant documents can be included.

### Details of the person making the complaint (the Complainant)

Name:

Address:

Telephone: Work

Home

Mobile

Email:

### Details of the person about whom the complaint is made (the Respondent)

Name:

Place employed:

Position:

Telephone (if known): Work

Mobile

Email:

### Other authorities

Have you made this complaint to any other person or organisation?

Yes

No

If yes, please provide the name of the person or organisation



## The complaint

What part of Section 4 of the *AASW Code of Ethics* (1999) does your complaint relate to? (*tick which ones apply*)

- |  |  |
|--|--|
| <input type="checkbox"/> Respect for human dignity and worth (4.1.1) | <input type="checkbox"/> Records (4.2.6)   |
| <input type="checkbox"/> Commitment to social justice (4.1.2)        | <input type="checkbox"/> Termination/Interruption of service (4.2.7)   |
| <input type="checkbox"/> Social work service (4.1.3)                 | <input type="checkbox"/> Responsibilities to colleagues (4.3)  |
| <input type="checkbox"/> Professional integrity (4.1.4)              | <input type="checkbox"/> Responsibilities in the workplace – Service provision (4.4.1)                                     |
| <input type="checkbox"/> Practice competence (4.1.5)                 | <input type="checkbox"/> Responsibilities in the workplace – Management (4.4.2)  |
| <input type="checkbox"/> Priority of the client's interest (4.2.1)   | <input type="checkbox"/> Responsibilities in particular settings – Education, training, supervision and evaluation (4.5.1) |
| <input type="checkbox"/> Conflicts of interest (4.2.2)               | <input type="checkbox"/> Responsibilities in particular settings – Research (4.5.2)  |
| <input type="checkbox"/> Client self-determination (4.2.3)           | <input type="checkbox"/> Responsibilities in particular settings – Private practice (4.5.3)                                |
| <input type="checkbox"/> Cultural awareness (4.2.4)                  | <input type="checkbox"/> Responsibilities to the profession (4.6)  |
| <input type="checkbox"/> Information privacy/confidentiality (4.2.5) |  |

**Details of the complaint** – Wherever possible, please detail which sub-sections of the *Code of Ethics* you believe your complaint specifically relates to, e.g. if you ticked section 4.2.3 above, please detail which sub-sections of 4.2.3 you are asking the AASW to consider. You will need to refer to a copy of the *Code of Ethics* when preparing your complaint. Please make your description factual, with as much detail as possible, including dates, times, witnesses (with their consent), the type of service you went to see the social worker for, and specific matters you wish addressed. It is important that you include all information that is relevant as it will not be possible to include new information if you decide to lodge an appeal in the future. Please attach any other documents which may be useful and relevant and/or add extra pages if you require them.



### What would you like to have happen as a result of your complaint?

- Ensure the social worker does not do the same thing again
- Improve the service the social worker offers
- Receive an apology
- Receive an explanation
- Have the social worker penalised
- Other (please specify)

#### Document Release

The AASW is unable to use any documents labeled 'Confidential' or 'Private' (or anything similar) unless the release below is signed. If applicable, please ask the relevant party to sign this release (e.g. Court/Registrar).

Signature	Date
Name (please print)	
Position	Organisation

### Privacy Notice

The AASW adheres to the National Privacy Principles contained in the Privacy Act 1988 (Cth). In submitting this form you should understand that you are submitting a formal complaint to the AASW Ltd. You are asking that the AASW investigate this complaint. You should understand that your complaint (and any attached documents) will be sent to the person you are complaining about (the respondent) and any potential witnesses who might assist the AASW with its investigation. By submitting this complaint you give permission for the respondent (and if applicable, any relevant person and/or potential witnesses) to provide the AASW with any relevant information regarding your complaint, which might include personal and sensitive information about you. Personal and sensitive information will only be collected and used by the AASW to the extent that is necessary to fully investigate your complaint and decide on an appropriate course of action.

You should understand that the AASW, upon investigating your complaint, may decide that a course of action which is different to your preferred outcome, is appropriate. This may include referring the matter to a hearing before a Hearing Panel. Hearings are recorded.

If you have any concerns about the collection, use or disclosure of personal information please contact the National Ethics Officer.

### Confidentiality Notice

All parties involved in the AASW Ethics Complaints Management Process (ECMP) are required to maintain strict standards regarding confidentiality. In submitting this form I understand that I must also read, sign and submit the AASW Confidentiality Agreement.

Signature	Date
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*Emailing or submitting this form online will replace your signature. The Ethics Officer will phone you within approximately 2 working days to confirm receipt of your complaint. If you haven't been contacted within this time please contact the Ethics Officer as it may mean that your form was not delivered successfully.*

Please send your completed form (and if relevant, any other documents) to the Senior Manager, Ethics and Standards, either by email to [ethicscomplaint@asw.asn.au](mailto:ethicscomplaint@asw.asn.au) or by post to PO Box 13277, Law Courts, VIC, 8010.