

The AASW requires complaints about social workers to be submitted via this fully completed complaints form. By completing this form, you should understand that you are submitting a formal complaint to the AASW.

Privacy and Confidentiality Agreement

The AASW is committed to protecting your personal information in accordance with the Privacy Act 1988 (Cth). The ways the AASW may collect, use and disclose your information are set out in our [privacy policy](#).

By signing this form you:

- Confirm that you have read the AASW's [privacy policy](#).
- Confirm that you have read the [AASW ECMP Confidentiality Agreement](#), and that you understand and accept its provisions.
- Consent for the AASW to share the details of your complaints or concerns with the parties and others as necessary to process and determine the complaint.
- Understand that your complaint, including your name and any attached documents, may be sent to the person you are complaining about (the Respondent) and any potential witnesses who might assist the AASW with its inquiries.
- 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 process your complaint and decide on an appropriate course of action.

Third Party Authorisation

Are you making this complaint on behalf of someone else?

Yes No, I am making this complaint on my own behalf

If yes, you will need the permission of the person directly affected by the matter to authorise you to make the complaint on their behalf. Please complete and submit the [Authorisation for third party to make a complaint](#) form.

Document Release

The AASW is unable to use any information or documents that are 'Confidential', 'Private', or owned by an organisation or other body under the Privacy Act 1988 (Cth) unless a release to disclose this information is provided. If applicable, please ask the relevant party to sign [this release](#) (e.g. court, registrar, government department, organisational delegate such as the CEO or authorised representative).



AASW
 Australian Association
 of Social Workers

Ethics Complaints Management Process

Complaints Form

Details of the person making the complaint (Complainant):

Preferred title: Mr Mrs Ms Miss Dr Other

Full Name:

Address:

Town/Suburb:

State/Territory:

Postcode:

Contact Phone during Business Hours (include area code):

Mobile Phone:

Email:

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

Full Name*:

Place employed
and address*:

Position*:

Telephone: Mobile:

Email:

*This information is required as a minimum to submit your complaint.



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Ethics Complaints Management Process
Complaints Form

Complaint Details:

Date of incident:

Please describe what happened or what you are concerned about.

We need to know the basics of the complaint. There will be opportunities to provide further information if required by the AASW in the future:

What happened and when (include dates)?

Who was involved (include names of individuals involved and what was their role)?

How and when you found out about it?

Please include any other relevant details including any information or evidence to support your complaint. We will contact you if we need further information.



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Ethics Complaints Management Process
Complaints Form

Have you made this complaint to another organisation or complaints body?

Yes No

If yes, please provide the name of the person or organisation, and outcome (if available):

How would you like to see your complaint resolved?

- An apology from the social worker
- An explanation from the social worker
- Continuing Professional Development activities
- Disciplinary action
- Other (detail below)

(Please note that the AASW retains absolute discretion regarding the manner of the complaint resolution and the outcome.)

Signature

Name:

Signature:

Date:

Please save and send your completed form (and if relevant, any other documents) to the AASW by email to ethicscomplaint@aaaw.asn.au This form can also be posted to PO Box 2008, Royal Melbourne Hospital, VIC, 3050.