

MISSISSIPPI BOARD OF EXAMINERS  
for SOCIAL WORKERS and MARRIAGE & FAMILY THERAPISTS

**OFFICIAL COMPLAINT FORM**

(Please type or print in black ink. No corrections, white-outs or write-overs will be accepted.)

I, the undersigned, wish to file an official complaint against \_\_\_\_\_, a social worker \_\_\_\_\_ or marriage and family therapists \_\_\_\_\_ licensed by this Board. License Number, if known, \_\_\_\_\_,

Home address: \_\_\_\_\_

Email Address, if known: \_\_\_\_\_

Employer's Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Home/Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

Name and address of person (s) against whom alleged offense was perpetrated:

\_\_\_\_\_  
\_\_\_\_\_

Complainant's relationship to person against whom complaint is being filed (e.g. supervisor, co-worker, patient, etc)

\_\_\_\_\_

What is your complaint? Please be specific. (In your own words tell who, when, where, and how about the complaint. Tell why you feel harmed. Continue on back of page or attach additional sheets if needed)

\_\_\_\_\_  
\_\_\_\_\_

How does this action or incident(s) violate the Social Worker's or Marriage and Family Therapists' Code of Ethics or Standard of Conduct?

\_\_\_\_\_  
\_\_\_\_\_

What are the approximate date or dates of this alleged offense? \_\_\_\_\_ Where did the alleged offense occur? City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Name of Complainant: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**I, the undersigned, do solemnly swear or affirm that I am the above complainant. All the above and/or attached statements are true to the best of my knowledge and belief. I am willing to testify to these matters before this Board or court of law if called to do so.**

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Notary Seal)

\_\_\_\_\_  
Complainant's Signature Date