

MISSISSIPPI STATE BOARD OF EXAMINERS for SOCIAL WORKERS  
and MARRIAGE AND 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: \_\_\_\_\_

Employer's Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Home 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 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: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ PH :(\_\_\_\_\_) \_\_\_\_\_

I, the undersigned, do solemnly swear or affirm that I am the above complainant. Subscribed and sworn to before me on this \_\_\_\_\_ day of  
All the above and/or attached statements are true to the best of my knowledge \_\_\_\_\_, 20\_\_\_\_\_.  
and belief. I am willing to testify to these matters before this Board or court My commission expires \_\_\_\_\_  
of law if called to do so.

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

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

\_\_\_\_\_  
Affix seal here