



KENTUCKY BOARD OF SOCIAL WORK

44 Fountain Place, Frankfort, Kentucky 40601
(502)564-2350 ~ <http://finance.ky.gov/bsw>

Filing a Complaint

What are your rights?

You have a right to expect a professional standard of care and conduct from a social worker. If you believe a social worker has violated Kentucky statutes or regulations, you may send a written complaint to the Kentucky Board of Social Work. As the body responsible for regulating the social work profession and protecting the public in matters related to social work, the Board will review your complaint and take appropriate action.

How does the complaint process work?

Complaints that have been received in writing at the Board office will be acknowledged immediately by letter. The complaint will then be reviewed by the Board members at their next meeting. If no law appears to have been broken, you will receive notification from the Board. If the Board believes a law may have been broken, an investigation will take place. If the Board files formal charges against a psychologist as a result of the investigation, an administrative hearing may be held. This formal hearing involves lawyers, a court reporter, a hearing officer and witnesses. If the Board finds that the psychologist has not met the prescribed standard of care and conduct, it has the authority to impose penalties ranging from suspension or loss of a certificate or license to a reprimand. A penalty may be reached by agreement between the Board and the social worker.

What might I expect from filing a complaint?

The complaint process is a detailed and careful one, and you should expect some delay. In every case the social worker will be informed that a complaint has been filed, the name of the complainant, and the disposition of the complaint. Not every complaint results in disciplinary action by the Board if the social worker has not violated the laws governing social work. If charges are filed, a hearing may be held similar to a court trial, and it is open to the public. You may be subpoenaed as a witness to provide testimony regarding the case. In this event the Assistant Attorney General assigned to the Board will assist you in preparing for the hearing. If the Board orders a specific sanction, the social worker has the right to appeal, and a final decision may be delayed in the courts. While you may have an opinion regarding the process and outcome of processing your complaint, please remember that the decisions to dismiss or settle a case or propose disciplinary measures are solely the decision of the Board and may be subject to review by the courts.

If the Board files formal charges or takes formal action against a social worker, most portions of the investigative file will become a "public record" which can be viewed by any individual who requests to do so. The record may include your written complaint, transcripts, or reports of interviews, letters, and other reports. All testimony and evidence admitted in a formal hearing have the status of public record as well. Patient records obtained in the process of investigation usually can be protected from disclosure as public records.

Throughout the various stages of the complaint process, you will be kept informed. You will also be advised of the final outcome.

How do I make a complaint?

You should complete the complaint form that accompanies this information sheet. Make sure you give all pertinent information. Please sign the complaint form so that the Board may look further into your concerns. If your complaint refers to treatment of a specific patient, the patient must sign the "Client Agreement to Release Information" form as well. Complaints and release forms should be mailed to: Kentucky Board of Examiners of Social Work, 44 Fountain Place, Frankfort KY 40601.

COMPLAINT FORM

APPLICATION INSTRUCTIONS

1. Please write or print legibly.
2. Once you have completed the form, you must print the form, and apply your handwritten signature. Complaint forms submitted without the appropriate signatures will be returned.
3. The completed application may be submitted to the Kentucky Board of Social Work by mail to 44 Fountain Place, Frankfort, Kentucky 40601.

Complaint No: _____

Date Received: _____

KENTUCKY BOARD OF SOCIAL WORK Complaint Form

Person Filing Complaint

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: () - _____ Evening Phone: () - _____

Patient Information (If Applicable)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: () - _____ Evening Phone: () - _____

Relationship to person filing
complaint:

Name of Social Worker

Name: _____ License Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: () - _____

Name and phone number of persons who may provide additional information

1. Name: _____ Telephone: () - _____ Type of Information: _____

2. Name: _____ Telephone: () - _____ Type of Information: _____

3. Name: _____ Telephone: () - _____ Type of Information: _____

4. Name: _____ Telephone: () - _____ Type of Information: _____

Brief Summary of Complaint

(Please be specific as possible regarding names, dates, locations, and action which you believe to be improper, unethical or unprofessional. Please attach copies of any documents or records pertinent to your complaint.)

By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

Signature: _____ Date: _____

If your complaint concerns your treatment by the social worker, please sign and enclose the "Client Agreement to Release Information" form.

Send to: KENTUCKY BOARD OF SOCIAL WORK
44 FOUNTAIN PLACE
FRANKFORT, KY 40601

Phone: (502) 564-2350
Fax: (502) 696-8030

Authorization for Release of Medical and Psychological Records to the Kentucky Board of Social Work

I, _____, the undersigned, do hereby authorize the full
(Print Name Here)
release of any and all medical and psychological records, billing information, and medical and psychological reports from

Licensed/Certified/Clinical Social Worker,
regarding

the medical and psychological history, diagnosis, and treatment of me while a patient of the social worker to the
Kentucky Board of Social Work or any authorized agent or investigator of the Board.

I understand that the above records may be used by the Board in the investigation and possible disciplinary
prosecution under KRS Chapter 319 against the social worker. I further understand that the Board will make reasonable
efforts to protect the confidentiality of my records under KRS Chapter 61 and KRS Chapter 13B, or other applicable law.

A photocopy of this authorization shall be deemed as an original.

This authorization shall be effective for one year from the date of signing.

Date

Signature of patient, or parent/legal guardian of patient
if under 18 years of age.