

North Dakota Board of Social Work Examiners
PO Box 914 – Bismarck, ND 58502-0914
Telephone – 701-391-7005
Email: complaint@ndboardofsocialwork.com
Website: www.ndbswe.com

Notice: Under North Dakota law, this complaint form is an open record (NDCC 44-04-18)

Complaint Form

Party Making the Complaint:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Licensed Party Against Whom Complaint is Made:

Licensed Party Name: _____
City: _____ State: _____ Zip: _____
Licensee Place of Employment: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

NATURE OF THE COMPLAINT: List each incident; setting forth specific date(s); full name(s) of all alleged participants; and a brief statement describing each incident. Attach a separate sheet if additional space is required.

I hereby certify that the above stated complaint is true and correct to the best of my knowledge. I further certify that I acknowledge that the North Dakota Board of Social Work Examiners may release this complaint as required by law or for the proper resolution of the complaint.

Signature of Party Making the Complaint _____ Date _____