**Department of Social Work Accreditation**

**Fellowship Program**

**Complaint Form**

Refer to the [*Post-Master’s Social Work Fellowship Accreditation Handbook*](https://www.cswe.org/accreditation/info/post-master-s-social-work-fellowship-accreditation/) for detailed policies and procedures. All information and fields in this form are required unless otherwise stated. Incomplete forms may not be processed, or the complainant may be asked to revise and resubmit the form, delaying the process.

**Submission Instructions:**

This required form and all supporting documentation must be compiled into a single Word document or searchable PDF. No scanned documents or separate attachments will be accepted. E-mail the completed form to the [CSWE Director of Accreditation Operations](https://www.cswe.org/accreditation/info/contact-accreditation-staff/).

**Complainant Contact Information:**

|  |  |
| --- | --- |
| First Name: |  |
| Middle Initial: |  |
| Last Name: |  |
| Street Address: |  |
| City, State, Zip Code: |  |
| Country: |  |
| E-mail Address: |  |
| Phone Number: |  |

**Complainant’s Status in Relation to the Social Work Program:**

|  |  |
| --- | --- |
| *check one (1) only* | |
|  | Current Trainee |
|  | Former Traineet:  Graduated  Voluntarily Withdrawn  Administrative Withdrawal |
|  | Current Fellowship Instructor |
|  | Current Fellowship Staff |
|  | Former Employee:  Retired  Voluntarily Resigned; Currently Employed Elsewhere  Voluntarily Resigned; Currently Unemployed  Terminated by Program/Host Site |
|  | Other (please specify): [summarize your relationship with the program here] |

**Complaint Summary and Details:**

|  |  |
| --- | --- |
| 1. Fellowship Program Named in the Complaint:  **Important Note:** *The Board of Accreditation (BOA) does not accept complaints about individuals.* |  |
| 2. Name of program director, or department administrator, of the fellowship program: |  |

1. List the accreditation standard(s), in numerical order, that you consider to be in possible violation.

1. For each accreditation standard listed in #3, describe in detail how the program has not complied with the standards, requirements, or policies and procedures. Please be clear and concise. This section is limited to 750 words maximum.
2. Briefly summarize your complaint, using the clearest possible language.
3. Using a date-based timeline, describe the timeframe in which each event described in the complaint occurred.
4. Using a date-based timeline, describe the steps you have taken to resolve your complaint, including the relevant grievance and appeals policies and procedures you followed at the program/host site. Provide evidence of the steps you have taken and the program’s/host site’s actions to date within its grievance processes.
   1. *Required Attachment:* Copies of all correspondence between you and the program/host site related to your complaint.
   2. *Required Attachments:* Copies of relevant program/host site policies.
5. Have you filed this complaint with another organization or agency?

|  |  |
| --- | --- |
| *check one (1) only* | |
|  | Yes |
|  | Name of the Organization/Agency: |
|  | Date Filed [Month/Day/Year]: |
|  | Briefly summarize the organization/agency’s findings:  *Required Attachment:* Copies of any correspondence from the organization/agency that reviewed your complaint. |
|  | No |

1. Have you initiated legal proceedings regarding this complaint?

|  |  |
| --- | --- |
| *check one (1) only* | |
|  | Yes |
|  | Name of the Court: |
|  | Date Filed [Month/Day/Year]: |
|  | Briefly summarize the court’s findings:  [summarize the court’s findings here]  *Required Attachment:* Copies of any copies of any rulings on your case by the court. |
|  | No |

1. What is the desired outcome that you are seeking from CSWE’s Board Accreditation?
2. Check the boxes next to the evidence you have included with this complaint, including identifying any additional evidence to substantiate your complaint. Materials should be limited to those that are directly supportive of your case.

**Attachments:**

*Check all that apply. Include all required/additional documentation within this section of the form.*

Copies of all correspondence between you and the program/host site related to your complaint (required).

Copies of relevant program/host site policies (required).

Copies of any correspondence from the organization/agency that reviewed your complaint (if applicable)

Copies of any copies of any rulings on your case by the court (if applicable)

[title of additional evidence #1 (if applicable)]

[title of additional evidence #2 (if applicable)]

[title of additional evidence #3 (if applicable)]

[Insert all required/additional documentation within this section of the form. No scanned documents or separate attachments will be accepted.]

**Complainant Verification:**

**This complaint will not be processed unless all information and fields in this form are complete, the items below are checked, and you have signed and dated the complaint form.**

|  |  |
| --- | --- |
|  | I have read the *Complaints* section of the [*Post-Master’s Social Work Fellowship Accreditation Handbook*](https://www.cswe.org/accreditation/info/post-master-s-social-work-fellowship-accreditation/) regarding CSWE’s Board of Accreditation’s complaint policies and procedures and agree that this form constitutes my complaint. |
|  | I understand that if CSWE’s Board of Accreditation finds the program noncompliant with one or more accreditation standards, any action the Board of Accreditation may take will be directed toward bringing the program into compliance, not toward settling a dispute between an individual and that program/institution, or taking punitive action against the program/institution. |
|  | I understand that CSWE’s Board of Accreditation cannot act as a court of appeal to adjudicate grievances between an individual and a program/institution. |
|  | I have provided the program director and/or department administrator of the fellowship program named in the complaint a copy of the complaint form, including all materials submitted to CSWE’s Board of Accreditation. |
|  | I hereby certify that all information I have provided to CSWE’s Board of Accreditation is true and complete to the best of my knowledge. |
|  | I certify that I am the individual named as the complainant. I understand that the Board of Accreditation cannot accept complaints submitted by someone on behalf of a complainant. |

|  |  |
| --- | --- |
| Full Name of Complainant: |  |
| Signature of Complainant:  *Include an image of your signature* |  |
| Date Signed:  *Month/Day/Year* |  |

**For Internal Use by CSWE Only:**

Complainants do not complete this section.

|  |  |
| --- | --- |
| Date Complaint Received by CSWE Director of Accreditation Operations:  *Month/Day/Year* |  |
| Comments: |  |
| Date Complaint Received by Board of Accreditation:  *Month/Day/Year* |  |
| Comments: |  |

|  |  |
| --- | --- |
| BOA’s Decision:  *check one (1) only* | |
|  | Find the program in compliance with the accreditation standards and dismiss the complaint. If the BOA dismisses the complaint, the chair notifies the complainant and the program, stipulating the reasons for the BOA’s action. |
|  | Find the program out of compliance with one or more accreditation standards and place it on conditional accreditation. The program is placed on conditional accredited status if the BOA believes that noncompliance issue(s) can be resolved by the program within 1 year. Conditional status is an adverse decision, and programs may request reconsideration. If the program accepts the BOA’s decision, it submits a restoration report. |
|  | Find the program out of compliance with one or more accreditation standards and initiate withdrawal of accredited status. The BOA initiates withdrawal of accredited status if it believes that the program cannot take corrective action within 1 year. The program is required to work with CSWE staff to make arrangements for the graduation or transfer of its trainees and determine the date the accreditation will be withdrawn. The decision to initiate withdrawal of accredited status is an adverse one, and programs may request reconsideration. |
|  | Order a Modified Site Visit. If the BOA believes that a program may be out of compliance with one or more accreditation standards, the BOA orders a modified site visit to collect more information. A visitor is sent, at the program’s expense, to review specific compliance issues. This program is reviewed at the next BOA meeting after the site visit. |
|  | Defer action. If the BOA finds evidence that the program has made reasonable progress in rectifying the situation, it can defer the decision to a BOA meeting within the next year. |
|  | Appoint an investigating committee. If the BOA needs more information to make a decision, it will appoint an investigating committee to conduct a confidential investigation with full knowledge and consultation of those concerned. The program pays expenses relating to the investigative visit. The investigating committee reports its findings to the full BOA at its next regularly scheduled meeting, and the BOA decides if the program is in compliance with the accreditation standards in question. |

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| Summary of Next Steps:  *If none, input N/A* |  |

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| --- | --- |
| Date Decision Rendered: |  |
| Date Complainant Notified: |  |
| Date Fellowship Program Notified: |  |