



STATE OF NEVADA
BOARD OF EXAMINERS FOR SOCIAL WORKERS
4600 Kietzke Lane, Suite C121, Reno, Nevada 89502
775-688-2555

ACCUSATION FORM
(Informal Complaint Form)
This form must accompany all accusations

PERSON FILING ACCUSATION (Complainant)—This information is <u>required</u> in order to process your accusation. Forms with incomplete or omitted information risk not being processed.	
Name:	Contact Phone Number:
Company/Agency:	Address, City, State, Zip:

LICENSEE WHO THIS ACCUSATION IS FILED AGAINST (Respondent)—Please ensure that this individual is licensed as a social worker in the State of Nevada by visiting our website: www.socwork.nv.gov (Please use one form for each social worker you are filing an accusation on.)	
Name/ License No.:	Contact Phone Number:
Company/Agency:	Address, City, State, Zip:

Please list all other agencies or organizations you have contacted relative to this accusation/complaint:	
Company/Agency:	Contact Address/ Phone Number:

Board Use Only:
CASE NUMBER: _____

Have you discussed this issue/problem with the social worker?

Yes _____

If yes, When: _____

Explain the social worker's response?

No _____

If you haven't discussed this with the social worker, please explain why:

Please summarize the details of your accusation as clearly and as completely as possible. Include names of all individuals who may have relevant knowledge or information regarding the circumstances or allegations in the accusation. Please attach additional pages if needed and documentation that supports your accusation.

I hereby certify that all information which I have given to be true, accurate and complete to the best of my knowledge.

Signature _____ Date _____

Please mail the signed original form and supporting documentation to: State of Nevada Board of Examiners for Social Workers, 4600 Kietzke Lane, Suite C-121, Reno, NV 89502

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CASE NUMBER: _____