**Commission on Accreditation**

**Department of Social Work Accreditation**

**Complaint Form**

Refer to section *1.2.1. Complaints Regarding Program Compliance* in the [EPAS Handbook](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook) 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 [Executive Director of Accreditation](https://www.cswe.org/Accreditation/Information/Contact-Accreditation).

**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 Student |
|  | Former Student:  Graduated  Voluntarily Withdrawn  Administrative Withdrawal |
|  | Current Faculty |
|  | Current Staff |
|  | Former Employee:  Retired  Voluntarily Resigned; Currently Employed Elsewhere  Voluntarily Resigned; Currently Unemployed  Terminated by Program/Institution |
|  | Other (please specify): [summarize your relationship with the program here] |

**Complaint Summary and Details:**

|  |  |
| --- | --- |
| 1. Institution/Program Named in the Complaint:  **Important Note:** *The Commission on Accreditation (COA) does not accept complaints about individuals.* |  |
| 2. Name of Chief Administrator of the Social Work 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 institution/program. Provide evidence of the steps you have taken and the institution’s/program’s actions to date within its grievance processes.
   1. *Required Attachment:* Copies of all correspondence between you and the program/institution related to your complaint.
   2. *Required Attachments:* Copies of relevant institutional 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 Commission on 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/institution related to your complaint (required).

Copies of relevant institutional 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 section *1.2.1. Complaints Regarding Program Compliance* in the EPAS Handbook regarding CSWE’s Commission on Accreditation’s complaint policies and procedures and agree that this form constitutes my complaint. |
|  | I understand that if CSWE’s Commission on Accreditation finds the program noncompliant with one or more accreditation standards, any action the Commission 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 Commission on Accreditation cannot act as a court of appeal to adjudicate grievances between an individual and a program/institution. |
|  | I have provided the chief administrator of the social work program named in the complaint a copy of the complaint form, including all materials submitted to CSWE’s Commission on Accreditation. |
|  | I hereby certify that all information I have provided to CSWE’s Commission on 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 Commission 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 Executive Director of Accreditation:  *Month/Day/Year* |  |
| Comments: |  |
| Date Complaint Received by Commission:  *Month/Day/Year* |  |
| Comments: |  |

|  |  |
| --- | --- |
| COA’s Decision:  *check one (1) only* | |
|  | Find the program in compliance with the accreditation standard or educational policy and dismiss the complaint. If the COA dismisses the complaint, the chair notifies the complainant and the program, stipulating the reasons for the COA’s action. |
|  | Find the program out of compliance with one or more accreditation standards or educational policies and place it on conditional accreditation. The program is placed on conditional accredited status if the COA believes that noncompliance issue(s) can be resolved by the program within one (1) year. Conditional status is an adverse decision, and programs may request reconsideration. If the program accepts the COA’s decision, it submits a restoration report. |
|  | Find the program out of compliance with one or more accreditation standards or educational policies and initiate withdrawal of accredited status. The COA initiates withdrawal of accredited status if it believes that the program cannot take corrective action within one (1) year. The program is required to work with its accreditation specialist or associate to make arrangements for the graduation or transfer of its students 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. |
|  | Defer action. If the COA finds evidence that the program has made reasonable progress in rectifying the situation, it can defer the decision to a COA meeting within the next year. |
|  | Appoint an investigating committee. If the COA 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 COA at its next regularly scheduled meeting, and the COA decides if the program is in compliance with the accreditation standards or educational policies in question. |

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

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