



澳門特別行政區政府
社會工作局
GOVERNO DA RAEM
INSTITUTO DE ACÇÃO SOCIAL

Complaint against Registered Social Worker

【Special Complaint Form】

Submit to : Social Welfare Bureau

Methods of Submitting :

In persons (place the form in the Opinion Box) or post to :

- Estrada do Cemitério n.º 6, Macau ; or
- Centro de Sinistrados da Ilha Verde, Avenida do Conselheiro Borja :
Reception Room of “Social Worker Professional Qualification System”

E-mail : infoswreg@ias.gov.mo

Fax : (853) 2835 5279

Enquiry : For assistant or more information about filling the form, please phone Tel: 28575010 to the staff of Social Welfare Bureau for inquiry.

Notes for lodging a complaint

1. The complainant must provide his/her name and sign this complaint form as verification; at the same time, the complainant must state clearly the issues of complaint and the social worker concerned, otherwise the complaint may be filed and processed;
2. The content of complaint should be the facts that have already occurred. The complainant should provide details of the incidence and list the process in points; personal or physical evidence should be provided as far as possible.
3. The complainant may be held liable for any falsification or fabrication.
4. The content of complaint (including the complaint form and other relevant information) may be disclosed to the person under complaint.
5. Social Welfare Bureau will refer the complaint to the “Professional Council for Social Workers” for pre-evaluation in accordance with the law;¹ therefore, the complainant is required to cooperate with the Council's investigation.

¹ See Article 25(1) of Law No.5/2019 “Social Worker Professional Qualification System”

I. Complainant (This field must be completed)**Complainant 1 (Contact person)**

Name (Mr./Ms.) _____

Telephone No. _____ Fax No. _____

E-mail Address _____

Postal Address _____
_____**Complainant 2**Name _____ Telephone No. _____
(Mr./Ms.)**Complainant 3**Name _____ Telephone No. _____
(Mr./Ms.)**II. Respondent — Registered Social Worker (This field must be completed)****Employer of the Respondent** _____**Respondent 1 (Name)** _____

Gender _____ Other information for identification (If any) _____

Respondent 2 (Name) _____

Gender _____ Other information for identification (If any) : _____

Respondent 3 (Name) _____

Gender _____ Other information for identification (If any) : _____

III. Content of the Complaint (This field must be completed)

【If there is not enough space, you can fill in the supplementary page】

Facts to be complained (Only need to write down one fact in each point)

Fact 1 : _____

Fact 2 : _____

Fact 3 : _____

Beginning and End of the Incidents (Please combine with the above column, describe the facts in details)

Fact 1 : _____

Fact 2 : _____

Fact 3 : _____

IV. Methods of Evidences

(1) Human Testimony

Witness 1 _____ Telephone No. _____
(Mr./Ms.)

What to prove _____

Witness 2 _____ Telephone No. _____
(Mr./Ms.)

What to prove _____

Witness 3 _____ Telephone No. _____
(Mr./Ms.)

What to prove _____

(2) Material Evidence Submitted information _____ items (see the attachment)

What to prove _____

V. Declaration of Complainant (This field must be signed)

I (We) hereby state the following:

- The content of complaint is true and accurate and it is understood that falsification or fabrication may result in liability.
- Aware and understand that the information in the complaint may be disclosed to the person under complaint.
- Understand and consent to the processing of my (our) personal data by the Social Welfare Bureau and the “Professional Council for Social Workers” for the purposes of handling complaint and investigating the issue.
- Agree that Complainant 1 (name) _____ is to be the contact person.

Complainant 1 (Name)

Signature

Date

Complainant 2 (Name)

Signature

Date

Complainant 3 (Name)

Signature

Date

