



Tina Kotek, Governor

OREGON BOARD OF LICENSED SOCIAL WORKERS

3218 Pringle Road S.E., Suite #240

Salem, OR 97302-6310

(866) 355.7050 (Toll-free)

(503) 378.5735 (Office)

(888) 252.1046 (Fax)

www.oregon.gov/blsw

DEAR CONSUMER:

The Oregon State Board of Licensed Social Workers (Board) is the health oversight regulatory agency responsible for the licensing, regulating and disciplining of regulated social workers in Oregon, and is governed by the Oregon Revised Statute (ORS) Chapters 675 & 676; as well as Oregon Administrative Rule(s) (OAR), Chapter 877, respectively. The aforementioned ORS and OAR's can be reviewed online at <http://www.oregon.gov/BLSW> under "Laws and Rules."

The Board is responsible for conducting investigations into allegations of misconduct, ethical complaints, background investigations, unlicensed practice, etc. against licensees and applicants. Enclosed are the necessary forms for filing a complaint with our agency. These forms include the following:

- ↳ *"As You Consider Filing A Complaint...." Complaint Process & Information document*
- ↳ *State Board of Licensed Social Workers Complaint Report Form & Instructions*
- ↳ *Authorization for Release of Confidential Information Form*

When writing your concerns in a written complaint, please review Division 30 (Code of Ethics) and Division 40 (Compliant Procedures) of the Oregon Administrative Rules (OAR), which can be located at <http://www.oregon.gov/BLSW> under "Laws and Rules," as well.

In accordance with ORS 676.175, all information supplied to the Board pertaining to complaints and investigations are strictly held confidential and can be disclosed only to the extent necessary for the Board to conduct its investigation. This also means your identity as a complainant cannot be disclosed and is strictly protected by the law and the Board enforcing it. In addition, confidentiality provisions also means that, after a complaint is filed, the Board can only confirm to a complainant whether the complaint investigation is still ongoing, but cannot provide specific status or progress updates. If the Board needs further information from you to resolve the complaint, the Board's compliance staff will contact you directly.

As a complainant, the Board will inform you in writing, of the outcome once the complaint has been resolved by the Board. If discipline results, it is public information and you may request a copy of the Board's Order. If the complaint is dismissed or closed, the only information that legally can be provided, is a written notice to you that there was a closure or dismissal.

If there are other individuals who might have knowledge of the circumstances which provide the basis for your complaint (witnesses), please obtain a signed, "Authorization For Release of Confidential Information" (ROI) form from those individuals and/or agencies. A copy of the ROI is attached and can also be downloaded from the Board's website located at <http://www.oregon.gov/BLSW> under the "Forms" section. Click on the "Authorization for Release of Confidential Information" link located in the "Consumer Protection Forms" on the "Forms" page. Please make additional copies of the forms as you need.

It is important that you make yourself copies of all documents that you provide to the Board for your records. The Board is unable to provide you a copy of any document or evidence material(s) once the Board is in receipt of these items. Should you have any questions about the process or need further assistance, please contact the Board's compliance staff at the information listed.

Thank you for the opportunity for the Board to serve its consumers.

Respectfully yours,

Sr. Compliance Specialist for the:
BOARD of LICENSED SOCIAL WORKERS

blsw.investigator@blsw.oregon.gov | 503.378.2042

As you consider filing a complaint

Please be aware the Board of Licensed Social Workers thoroughly reviews all complaints received. However, complaints are dismissed many times because they fail to meet the legal standard required. To take public action, the Board has the burden to prove by a preponderance of evidence the licensee has in fact, violated one or more of the Laws or Rules that govern the practice of Licensed Social Workers and Clinical Social Work Associates in Oregon.

If you wish to file a complaint, please be as specific and thorough as possible in detailing for the Board, the exact ways in which you believe the licensee has violated one or more of the Board's Laws or Rules. Please identify people and provide copies of records that verify your complaint.

Keep in mind that the Board's ability to take public action in many instances depends upon your cooperation. If the Board moves to act on your complaint, you could be called upon to testify as a witness. Also, know that the Board is required by law to keep confidential all information gathered during an investigation, except in certain limited situations. Listed below are some of the main areas where licensees have been disciplined in the past, along with examples of the kinds of information that can help the Board substantiate a complaint.

DUAL RELATIONSHIPS:

How has the licensee connected with you outside of the therapeutic relationship? How often does that happen? What do you do together? Why do you now believe the licensee's professional judgment is impaired, or are you at an increased risk of being exploited by the licensee? Who else can verify that these contacts occurred?

SEXUAL INVOLVEMENT:

Exactly when and how did the licensee engage in or solicit sexual acts or engage in any conduct, verbal behavior or other communication with or toward you that may reasonably be interpreted as sexual, seductive, or sexually demeaning? Is there anyone else who can verify your experience?

MISREPRESENTATION

Did the licensee talk about some specific service and then fail to provide that service? Did the licensee not provide you with accurate and complete information regarding the nature and extent of services available or provided? What documents support your complaint?

INCOMPETENCE:

Did the licensee fail or refuse to make referral when it was in your best interest to see another professional for some specific aspect of treatment? Did the licensee seek to provide you with a service that was clearly outside of his/her training, qualification, and/or competence? Please send records or other information to support your complaint.

BILLING CONCERNs:

Was there an agreement to a certain fee for sessions and then the fee went up with no notice? Or is the licensee billing you for more than your share of what the insurance company doesn't pay? Please enclose copies of actual billing records and/or insurance reports that verify your complaint.



QUESTIONS?
Contact the Board at →

TOLL-FREE 1.866.355.7050

EMAILblsw.investigator@blsw.oregon.gov

ADDRESS.....3218 Pringle Road SE, Suite #240
Salem, OR 97302





OREGON BOARD OF LICENSED SOCIAL WORKERS

COMPLAINT REPORT FORM & INSTRUCTIONS

2026

Be advised that ORS 676.160-676.180 provides confidentiality to your complaint.

ON A SEPARATE SHEET OF PAPER, please state the facts of your complaint. Describe the actions of the Licensed Social Worker (or Associate) which are the cause for your complaint. Include any prior events or circumstances that you consider significant.

Please review the Oregon Revised Statutes (ORS)(Chapter 675 & 676) and the Oregon Administrative Rules (OAR)(Chapter 877) that govern Licensed Social Workers and Associates. Where possible, cite the rule(s) from Division 30 that you feel have been violated. Then summarize the effects or results of these actions upon yourself.

*List names and addresses of any other persons who witnessed or have direct knowledge of the actions described in your complaint and where necessary, obtain a Release(s) from them, as well as any others who may be involved or who need to provide information to the Board for its investigation. Include copies of any court documents or other related supporting information. If you or your child/children are former clients of the Licensed Social Worker or Associate, you must sign the enclosed **AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION FORM** in order for the Board to obtain treatment records and proceed with its investigation into your complaint.*

COMPLAINANT INFORMATION:

YOUR
NAME:

DATE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

Telephone:

Telephone:

Home: Work: Mobile:

Home: Work: Mobile:

EMAIL
ADDRESS

Your
Signature:

Date:

LICENSEE -or- ASSOCIATE:

NAME of
LICENSEE:

License #

ADDRESS:

CITY:

STATE:

ZIP CODE:

Telephone:

EMAIL

MAIL OR EMAIL THIS FORM TO:

FOR OFFICE USE ONLY: (DATE REC'D)

Oregon Board of Licensed Social Workers
ATTN: COMPLIANCE DIVISION
3218 Pringle Road SE, Suite #240
Salem, OR 97302-6310

RECEIVED ON:

blsw.investigator@blsw.oregon.gov

FOR OFFICE USE ONLY:

ASSIGNED CASE #:

DATE ASSIGNED:

#2026-_____

_____/_____/2026

STATE of OREGON
BOARD of LICENSED SOCIAL WORKERS

2026



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AUTHORIZATION

FOR RELEASE OF CONFIDENTIAL INFORMATION

I,

(PRINT THE NAME OF THE PERSON OR AGENCY AUTHORIZING THE RELEASE OF CONFIDENTIAL INFORMATION)

DATE of BIRTH

HEREBY AUTHORIZE THE FOLLOWING INDIVIDUAL OR AGENCY:

NAME:



ADDRESS:

EMAIL:

CITY:

STATE:

ZIP CODE:

TO PROVIDE INFORMATION TO THE OREGON BOARD OF LICENSED SOCIAL WORKERS (BOARD)

This disclosure is at my request and for the purpose of assisting the Board in any review, investigation, or action related to administering or enforcing Oregon Revised Statutes (ORS) 675.510 to 675.600 and ORS Chapter 676 accordingly, as well as Oregon Administrative Rule, Chapter 877.

I consent to the release of all information requested by the Board, including but not limited to alcohol/drug assessment(s) and/or treatment(s), HIV/AIDS information, medical and psychiatric treatment, and mental health records obtained in the course of my diagnosis and treatment. I understand that such information cannot be released without my specific consent, except in a medical emergency. I further understand that the information disclosed may contain information that is protected by Federal law 45 CFR § 164, and/or State law, and I specifically consent to disclosure of such information.

I ACKNOWLEDGE, UNDERSTAND & AGREE THAT:

- THIS AUTHORIZATION IS SUBJECT TO REVOCATION IN WRITING AT ANY TIME, EXCEPT TO THE EXTENT THAT THE PARTY WHICH IS TO MAKE THE DISCLOSURE HAS ALREADY TAKEN ACTEN TO RELIANCE ON IT;
- TO REVOKE THIS AUTHORIZATION PRIOR TO THE STATED EXPIRATION DATE BELOW, I MUST SEND A WRITTEN STATEMENT TO THE BOARD THAT I AM REVOKING THIS AUTHORIZATION & SUCH REVOCATION IS EFFECTIVE ONLY UPON RECEIPT; AND
- A COPY OF THIS ORIGINAL, SIGNED & DATED AUTHORIZATION SHALL BE AS BINDING AS THE ORIGINAL.

IF NOT PREVIOUSLY REVOKED, THIS AUTHORIZATION IS VALID FOR THE LATER OF SIX (6) MONTHS FROM THE DATE SIGNED BELOW, OR UNTIL:

(SPECIFIC DATE, EVENT OR CONDITION)

*** I HAVE FULLY READ THIS AUTHORIZATION & UNDERSTAND IT COMPLETELY ***

PRINT NAME:



ADDRESS:

EMAIL:

CITY:

STATE:

ZIP CODE:

RELATIONSHIP TO PATIENT
(IF APPLICABLE):

FOR OFFICE USE ONLY: (DATE REC'D)

SIGNATURE
(PATIENT, GUARDIAN OR LEGAL REPRESENTATIVE)

DATE:

FOR OFFICE USE ONLY:

EXPIRES ON: _____ / _____ / 20_____