

# EDUCATOR MISCONDUCT COMPLAINT FORM

## 1. EDUCATOR'S NAME:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

## 2. EDUCATOR'S PLACE OF EMPLOYMENT:

County \_\_\_\_\_

School \_\_\_\_\_

3. DATE OF INCIDENT \_\_\_/\_\_\_/\_\_\_ TIME INCIDENT OCCURRED \_\_\_\_\_ am / pm

## 4. DETAILED DESCRIPTION OF INCIDENT: (Who, What, Where and When)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5. NAMES OF WITNESSES

_____	_____
_____	_____
_____	_____
_____	_____

## 6. HAS LAW ENFORCEMENT BEEN CONTACTED? YES NO

If Yes, \_\_\_\_\_

Department

Report Number (if available)

## 7. Have you contacted the principal at the school where the incident occurred?

Contact made by telephone on \_\_\_/\_\_\_/\_\_\_ or Contact made in writing on \_\_\_/\_\_\_/\_\_\_

## 8. Have you filed a complaint with the school district in which the incident occurred?

Yes \_\_\_ No \_\_\_ (If yes, please attach a copy of the complaint or detail who you contacted below.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 9. SIGNATURE AND CONTACT INFORMATION OF COMPLAINANT:

X \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(area code) telephone number

## 10. IS RELEVANT DOCUMENTATION ENCLOSED: Yes \_\_\_ No \_\_\_

If Yes, Number of Pages Attached \_\_\_\_\_

Please be sure and sign the complaint form. The Bureau of Professional Practices Services cannot accept an anonymous complaint.

Complaints can be mailed to:

Complaints  
Bureau of Professional Practices Services  
325 West Gaines Street  
Tallahassee, Florida 32399-0400