

**EDUCATOR MISCONDUCT REPORTING FORM**

Office of Professional Practices Services

**REPORTER INFORMATION:**

\_\_\_ Public School \_\_\_ Charter School \_\_\_ Private School \_\_\_ FSDB \_\_\_ Lab School

**REPORTER CONTACT INFORMATION:**

School/District: \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

Contact Address and Telephone: \_\_\_\_\_

\_\_\_\_\_

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**INFORMATION REGARDING THE EDUCATOR BEING REPORTED**

EDUCATOR'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DOE CERTIFICATE # \_\_\_\_\_

ASSIGNED SCHOOL: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUBJECT/GRADE LEVEL: \_\_\_\_\_

YEARS EXPERIENCE: \_\_\_\_\_

CONTRACTUAL STATUS: \_\_\_\_\_

CURRENT EMPLOYMENT STATUS \_\_\_\_\_

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**SUMMARY OF THE ALLEGATION:**

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**Reporting Directions**

For questions, contact our office at 850.245.0438

**In addition to the reporting form, submissions to the Office of Professional Practices Services should include:**

1. All investigative materials, reports, evidence, documents or related materials (Examples include, victim or witness statements, arrest reports or court documents, newspaper articles, computer evidence, video or audio tapes, text messages or cell phone records, photographs, grade books or calendars, gifts/items, statements, arrest report(s), court documents, local investigative reports, termination or disciplinary documents, letter of resignation, district disciplinary action documents, DOAH Orders, and class rosters). **Do not send sanitized or redacted documents.**
2. The educator's current certification information and any applications processed or renewed at the local level
3. Name and contact information for all victims and witnesses (see and duplicate page two as necessary).

**Direct all correspondence via regular mail to:**

Florida Department of Education, Office of Professional Practices Services,  
325 West Gaines Street, Suite 224-E, Tallahassee, Florida 32399-0400

**EDUCATOR MISCONDUCT REPORTING FORM  
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**VICTIMS**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**WITNESSES**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

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**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**Current School:** \_\_\_\_\_