



Teacher Standards and Practices Commission

250 Division Street NE, Salem, OR, 97301-1012

Phone: 503-378-3586 | Fax: 503-378-3758

www.oregon.gov/tspc

Submit to: complaints.tspc@oregon.gov

Public Complaint Form

Please Note - The Commission does not hire educators, fire educators, or make any other employment decisions regarding educators. The Commission only has authority to take action on an educator's license after finding a violation of applicable statutes and rules has occurred, and after providing the educator an opportunity for a hearing.

REVIEW AND CHECK APPLICABLE BOXES:

- I have reviewed and understand the [Public Complaint Guide](#).
- I understand that while investigations are confidential, complainant information may be released at the discretion of the agency.
- I understand my complaint and information may be shared with the involved educator.
- I understand anonymous complaints obstruct the investigative process.
- I have attempted to resolve my complaint at the local level (school district), and per revised statute ORS342.176(1)(b), I am including documentation with this form as verification of my efforts to resolve my complaint at the local level (school district).**

I will testify at a hearing

Other Agencies Notified (*check below*)

Dept. Education BOLI (Labor)

Police DHS

Other:

Complaint Against

SCHOOL DISTRICT where educator is employed		SCHOOL BUILDING where educator is employed		DATE of INCIDENT
EDUCATOR <small>(a separate form must be completed for each individual.)</small>	First Name	Middle Name	Last Name	
CITY			STATE	ZIP CODE
ADDITIONAL LOCATION / CONTACT INFORMATION (if any)				PHONE (if known)

Please enter the Nature / Description of the complaint on the next page

(Attach additional pages and support materials as necessary; three additional pages maximum. The assigned TSPC investigator may contact you directly for additional support material or information.)

Person Filing Complaint

First Name	Middle Name	Last Name	DATE
MAILING ADDRESS			
CITY		STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS			

WHAT OUTCOME DO YOU ANTICIPATE AS A RESULT OF FILING THIS REPORT?

I certify that, to the best of my knowledge and understanding, the information on or relating to this form is true and correct.

If you are submitting this form electronically, please enter your full legal name in the Signature box below. If you have printed the form and are mailing it to TSPC, please sign in the Signature box below.

****As of January 1, 2018, ORS342.176(1)(b) grants the Commission the authority to require verification from public complainants demonstrating that attempts were made to resolve the complaint through the complaint process of the school district that employs the person against whom the complaint was filed. Additionally, the Commission has the authority to delay a TSPC investigation until such time that sufficient verification is provided by the public complainant.**

Please enter the Nature / Description of the complaint

(Attach additional pages and support materials as necessary; three additional pages maximum. The assigned TSPC investigator may contact you directly for additional support material or information.)