



# 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](http://www.oregon.gov/tspc)

Submit to: [complaints.tspc@tspc.oregon.gov](mailto:complaints.tspc@tspc.oregon.gov)

## School District Misconduct Report Form

### REVIEW AND CHECK APPLICABLE BOXES:

- ☐ I have reviewed and understand the [School District Misconduct Reporting Guide](#).
- ☐ The district's Chief Administrator reasonably believes an act of gross neglect of duty and/or gross unfitness has occurred and involves this educator.
- (Select one.) A local investigation:      Is in progress      Has been thoroughly conducted.
- Local employment discipline      has been      is expected to be taken related to this report.
- The involved educator      is on leave /      was on leave as a result of this incident.

☐ I will testify at a hearing

Other Agencies Notified (*check below*)

☐ Dept. Education    ☐ BOLI (Labor)

☐ Police                      ☐ DHS

Other:

### Report Against

SCHOOL DISTRICT where educator is employed

SCHOOL BUILDING where educator is employed

DATE of INCIDENT

EDUCATOR  
(a separate form  
must be completed  
for each individual.)

First Name

Middle Name

Last Name

Date of Birth

TSPC Account ID

STREET ADDRESS (if known)

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.)

### District Representative Filing Report

First Name

Middle Name

Last Name

DATE

POSITION

SCHOOL DISTRICT

MAILING ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL ADDRESS

WHAT ACTION DID THE DISTRICT TAKE? (If no action was taken, please explain why.)



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.

The Commission only has authority to take action on an educator's license after finding a violation of applicable rules and statutes and providing an opportunity for a hearing.

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.)*