

**SCHOOL DISTRICT, DD BOARD & COMMUNITY SCHOOL
EDUCATOR MISCONDUCT REPORTING FORM**

Ohio Revised Code 3319.313 and 5126.253 requires public and non-public schools, including county DD boards and community schools, to report to the Superintendent of Public Instruction the name and a factual statement of any license holder who engages in professional misconduct.

A. Please select the type of education entity you are:

School District

Educational Service Center

Community School

DD Board

Other

School District Name

Address

Contact Person (Name and Title)

Telephone Number

Fax Number

Email Address

B. Educator's Information

Name

State ID

Date of Birth

Most Recent Position

Current Employment Status

Educator's Home Telephone Number

Educator's Home Address

* Ohio Revised Code 3319.313 requires that the social security number of the employee be provided. If the Office of Professional Conduct requires an employee's social security number, you will be contacted to provide it. Should you submit a PDF of this form via email, due to security concerns, please do not include the employee's social security number in either the form or the email.

C. Why are you reporting this educator? (Check all that apply)

- The employee has pled guilty to, has been found guilty of, or has been convicted of an offense in Ohio Revised Code 3319.31 or 3319.39, and/or
- The employee has been terminated or non-renewed or you have initiated termination or non-renewal proceedings because the educator has engaged in "conduct unbecoming" the profession or has committed an offense under Ohio Revised Code 3319.31 or 3319.39, and/or
- The employee has resigned under threat of termination or non-renewal, and/or
- The employee resigned because of, or in the course of, an investigation regarding an act unbecoming the teaching profession or an offense described in Ohio Revised Code 3319.31 or 3319.39, and/or
- The employee has engaged or may have engaged in conduct unbecoming to the teaching profession.

D. Please provide information concerning the incident involving the educator (i.e., the type, date, and place of the conviction or conduct that may be deemed "conduct unbecoming"; describe what prompted disciplinary action by you; describe what you were investigating that led to resignation or non-renewal, etc.)

Please feel free to attach any information that you consider important (i.e., court records, investigation reports, complaints, witness statements, etc.).

Thank you for providing this information. Upon receipt, the Office of Professional Conduct will review the information submitted and determine if further information is needed. If it is determined that further information is needed, the Office of Professional Conduct will contact the person that submitted this form.

Please be advised that under Ohio Revised Code 3319.314, you are required to maintain all information related to this report in the employee's personnel file. If the State Board of Education does not pursue disciplinary action against the reported employee, you are required to move all information related to this report from the employee's personnel file to a separate, public file. The Office of Professional Conduct will notify the contact person on this form if no discipline is warranted.

Please fax (614-995-3752) or mail all documentation to:

Ohio Department of Education
Office of Professional Conduct
25 South Front Street, Mail Stop 104
Columbus, OH 43215
website: www.education.ohio.gov

If you need assistance in completing this form, please contact the Office of Professional Conduct at (614) 466-5638.

Completion and submission of this form does not relieve school employees of their statutory duty to report known or suspected child abuse to the appropriate children services or law enforcement agency.

Signature and Title

Date

CERTIFICATION

I hereby certify that the attached documents are true and accurate copies of the
personnel/disciplinary/investigation records of _____
as kept in the ordinary course of business of _____.

Name

Sworn to before me and signed in my presence this _____ day of _____, 20 _____.

Notary Public

My commission expires _____.