

COMPLAINT OF EDUCATOR MISCONDUCT

**Name of Individual Submitting Complaint:**

\_\_\_\_\_

(last)

(first)

**Address:**

\_\_\_\_\_

(street)

(city)

(state)

(zip)

**Telephone Numbers:**

**Primary:** \_\_\_\_\_ **Secondary:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

(area code)

(area code)

(area code)

**E Mail Address:** \_\_\_\_\_

**Name of educator against whom the complaint is made:**

\_\_\_\_\_

(last)

(Jr./Sr./etc.)

(first)

(MI)

**Educator's position and title:** \_\_\_\_\_

**Name and address of educator's employer:**

\_\_\_\_\_

(name)

\_\_\_\_\_

(street)

(city)

(state)

(zip)

**RETURN THIS FORM TO:**

Office of General Counsel, S. C. Department of Education  
849 Learning Lane  
West Columbia, South Carolina 29172

*Please note that all information provided on this form will be kept as confidential as possible and will be used by the Office of General Counsel only to determine whether to begin an investigation into the allegations of misconduct on the part of the educator. When submitting this form, please attach a brief statement describing the underlying allegations concerning the educator's conduct.*