



# Illinois State Board of Education

100 West Randolph Street, Suite 14-300  
Chicago, Illinois 60601

## ISBE EDUCATOR MISCONDUCT REPORTING FORM

### OFFICE OF THE GENERAL COUNSEL

**INSTRUCTIONS:** Please describe below, in as much detail as possible, the nature of the complaint and the educator's alleged misconduct. Use additional sheets, if necessary. Please mail the misconduct reporting form and any additional documents to the address above or e-mail to [reportmisconduct@isbe.net](mailto:reportmisconduct@isbe.net).

NAME OF EDUCATOR BEING REPORTED	POSITION
DISTRICT	CITY

APPROXIMATE DATE(S) OF ALLEGED INCIDENT(S)

Detailed Description of Allegations

Attach Documents (if applicable)

Witnesses (including contact information and description of testimony)

NAME OF REPORTER (optional)	E-MAIL
TELEPHONE (include area code)	TODAY'S DATE