

ETHICS COMPLAINT FORM

Alleged Offender:

Name: _____

School or Worksite: _____

Position: _____

ALLEGED OFFENSE

Please specify the alleged violation of the District's ethics policy and identify the specific Standard of Professional Practice (if applicable) that is allegedly violated:

Date of Alleged Offense: _____

Signature of Complaining Party: _____

Printed Name of Complaining Party: _____

School or Worksite: _____

Position: _____

Any employee may file an allegation of ethical misconduct. In order for the allegation to be considered, this form must be completed in full and signed by the person lodging the complaint. Complaints must be filed within thirty (30) days of the alleged ethical misconduct. This form and the information contained herein will be considered confidential by the ethics panel to the extent permitted under Florida statutes. An ethics complaint shall remain confidential to the extent permitted until the investigation has been completed. At that time the ethics complaint information will fall under the provisions of F.S. 119 related to public records. Pertinent information will be disclosed to the alleged offender as part of the ethics review process. Please attach all documentation.

Send this signed ethics complaint form and a copy of any backup information corroborating the allegation via courier in a sealed envelope marked confidential to the Director, Ethics Panel. Or the form may be mailed to the attention of the Director, Ethics Panel, School Board of Brevard County, 2700 Judge Fran Jamieson Way, Viera, Florida 32940.

Filing a malicious or frivolous ethics complaint and/or providing altered documentation will result in disciplinary action.

4/05

6/08