



Credentialed Educator Concern Report - Page 1 of 3

Type or Print Legibly

Steps that *must* be taken before submitting this form to the Colorado Department of Education (CDE):

- 1** If the concern is illegal and/or harmful to any child or school, you first should file a report with the local law enforcement agency that has jurisdiction where the alleged illegal activity took place, if one does not already exist.
- 2** Once the concern is filed with law enforcement, if applicable, you must submit the concern to local school officials in the following order: 1) school principal 2) school district's administration office 3) school district's board of education. They will investigate your concern and make a notification to CDE if the concern is substantiated and is within our jurisdiction.
- 3** Complete this form in its entirety only after item 1, if applicable, and/or item 2 have been completed. Then have this report notarized and mail this original report to CDE at the address shown at the top, no anonymous, emails, faxes or reports not completed on this form will be accepted.

If you are a public school district, please do not submit this form. Please complete the Public School Notification Form which can be obtained at <http://www.cde.state.co.us/cdeprof/mandatoryreporting>.

Things to know about this process prior to completing:

- A** Concerns submitted to CDE must be on credentialed (licensed) educators only. This report is not for reporting issues that do not directly relate to a licensed educator's fitness to hold a credential. Colorado is a local control state, reports concerning district hiring practices, or any other district related policy must be reported directly to the school district and not to CDE.
- B** Your concern should be firsthand information unless the information was relayed to you by a minor child that has firsthand information. If you do not have firsthand knowledge, then have the person who knows the information firsthand file this form. If you know some of the information firsthand but not all of the information, you must complete one form and have any others that may have firsthand knowledge complete an additional form(s).
- C** By submitting this form you are attesting that this concern(s), if found to be true, can be considered substantial or continued, and likely to cause harm or endanger children and be of such severe nature as to render the credential holder unfit to continue teaching or to perform educational duties. On these grounds, the undersigned requests an investigation of the allegations to determine if reasonable grounds exist to request that the Colorado State Board of Education take disciplinary action against the holder's credential. If CDE finds that your concern is unfounded or that it falls out of the jurisdiction of CDE, CDE may forward this report in its entirety to the school district or charter school.
- D** Once you submit this concern to CDE it will become confidential and you will not be privy to any follow-up, next steps or outcomes unless the matter becomes public in a Colorado State Board of Education meeting. Meeting dates and agendas can be found at <http://www.cde.state.co.us/cdeboard>. CDE will not contact you with any updates and no updates will be given to anyone other than the subject of the concern, unless contrary to law or rule. The subject of the concern may receive a copy of this and any other concern filed. You may be called to testify, and must be willing to testify, as a witness in a court of law. For questions, please email CDELicensingBackgroundUnit@cde.state.co.us (do not email/fax this form to us, we must have the original mailed).

Subject of Notice

* Required Field

Enter the name of the credentialed individual that is the subject of your concern. If more than one individual is the subject of your concern, you must complete one concern form for each individual.

Last Name*	First Name*	What is their Title (teacher, principal, etc.)?*
What Credential do they Hold? * <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute Authorization <input type="checkbox"/> Principal <input type="checkbox"/> Administrator <input type="checkbox"/> Special Services Provider <input type="checkbox"/> Career & Technical (CTE) <input type="checkbox"/> Other Authorization <input type="checkbox"/> I Don't Know		

The undersigned hereby alleges that the above named holder of a Colorado educator license, authorization or certificate has violated the Colorado State Board of Education standards of unethical behavior as defined by the Rules of the Colorado State Board of Education, 1 CCR 307-37, 2260.5-R-15.02. Complete this form in its entirety in as much detail as possible.

Your Information

* Required Field

Your Last Name*	Your First Name*	Your Date of Birth*	Title*
Email Address*	Contact Phone* <input type="checkbox"/> Cell	Secondary Contact Phone <input type="checkbox"/> Cell	
Mailing Street Address*		City*	State* Zip*
What is your relationship to the educator that is the subject of this concern? * <input type="checkbox"/> Is my child(s) teacher/educator <input type="checkbox"/> Is a coworker/former coworker of mine <input type="checkbox"/> Is my supervisor <input type="checkbox"/> Other, list:			

By signing this form you are attesting that the information contained herein is true and accurate to the best of your knowledge. You also are attesting that you understand what is written above and that you are willing to testify in a court of law regarding this concern.

Signature of Person Notifying*	Date*
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Notary*

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">The foregoing instrument was acknowledged before me this:</td> <td style="width: 20%;">Date</td> </tr> <tr> <td style="width: 80%;">My Commission Expires:</td> <td style="width: 20%;">Date</td> </tr> <tr> <td colspan="2">Notary Public Printed Name</td> </tr> <tr> <td style="width: 20%;">By</td> <td>Notary Public Signature</td> </tr> </table>	The foregoing instrument was acknowledged before me this:	Date	My Commission Expires:	Date	Notary Public Printed Name		By	Notary Public Signature	<p><i>Witness my hand and official seal.</i></p> <p style="text-align: right;">Seal</p>
The foregoing instrument was acknowledged before me this:	Date								
My Commission Expires:	Date								
Notary Public Printed Name									
By	Notary Public Signature								

Details

* Required Field

1	School Information:	What school did the subject work at during the time of this concern?*	What school district is the school in?*
	Public School?*	Where is the school located?*	Did the concern you are reporting occur in this school? If yes, please list where in school. If no, list where.*

2	Did a Law Enforcement Agency Investigate?*	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes:	Provide name of agency:	List the case number:	Provide name of charge(s):
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3	Did you report this issue to the school principal?*	<input type="checkbox"/> Yes, if yes:	Provide name of the Principal:	Approximate date:	What was the outcome?
		<input type="checkbox"/> No, if no:	Explain:		

4	Did you report this issue to the school district administration office?*	<input type="checkbox"/> Yes, if yes:	Provide Name of the Contact:	Approximate Date:	What was the outcome?
		<input type="checkbox"/> No, if no:	Explain:		

5	Did you report this issue to the school district's board of education?*	<input type="checkbox"/> Yes, if yes:	Provide Name of the Contact:	Approximate Date:	What was the outcome?
		<input type="checkbox"/> No, if no:	Explain:		

6	Details of Occurrence*	Approximate Date(s) of Occurrence	Approximate Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Where did the incident occur? If at the school be specific as to where in the school.	Children Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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7	Are you making this report on behalf of a minor child or children?*	<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes:	a	Provide Name of the Minor Child:	Age:	Your Relation to the Minor Child: <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Teacher <input type="checkbox"/> Other, list: _____
			b	Provide Name of the Minor Child:	Age:	Your Relation to the Minor Child: <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Teacher <input type="checkbox"/> Other, list: _____
			c	Provide Name of the Minor Child:	Age:	Your Relation to the Minor Child: <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Teacher <input type="checkbox"/> Other, list: _____

8	What is the nature of your concern?*	
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9	Specifically, what would you like CDE to do with this concern?*	
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Please describe in **detail** the nature of the concern you are reporting*:



Continued: Please describe in **detail** the nature of the concern you are reporting (use multiples of this page to add additional pages if necessary):

