

**TEXAS EDUCATION AGENCY
CODE OF ETHICS COMPLAINT FORM**

1. Complainant- in order to file this complaint, you must be a certified educator, parent or other legal guardian of a student.

Name: _____

Address: _____
Street City State Zip Code

Day Time Phone: _____ Evening Time Phone: _____
(Area code) (Area code)

2. Complainant's Representative

Name: _____

Address: _____
Street City State Zip Code

Day Time Phone: _____ Evening Time Phone: _____
(Area code) (Area code)

3. Alleged Violation No. 1

Name of accused educator: _____

Address: _____
Street City State Zip Code

Day Time Phone: _____ Evening Time Phone: _____
(Area code) (Area code)

Does accused educator hold a certificate issued by the State Board for Educator Certification or Texas Education Agency?

[] Yes [] No

List the standard(s) alleged to have been violated [List only the standard(s) that relate to the act(s) listed below: _____

Describe in detail the act(s) that constitute a violation of the standard(s) listed above and include place and date of act(s); explain how act(s) constitute(s) a violation of the above standard(s):

List the date of the last act of the accused educator which gives rise to these allegations:
month _____, day _____, year _____

If known, list the names, addresses, and day time and evening time phone numbers of witnesses, if any, to the above act(s):

1) Name: _____

Address: _____

Day Time Phone: _____ Evening Time Phone: _____
(Area code) (Area code)

2) Name: _____

Address: _____

Day Time Phone: _____ Evening Time Phone: _____
(Area code) (Area code)

3) Name: _____

Address: _____

Day Time Phone: _____ Evening Time Phone: _____
(Area code) (Area code)

4) Name: _____

Address: _____

Day Time Phone: _____ Evening Time Phone: _____
(Area code) (Area code)

Name, School address, and phone number of Superintendent or President of Board of Trustees of School District [whichever is applicable] where the accused educator was employed at the time of the acts alleged:

Name: _____

Address: _____
Street City State Zip Code

Day Time Phone: _____
(Area code)

Alleged Violation No. II

Name of accused educator: _____

Address: _____
Street City State Zip Code

Day Time Phone: _____ Evening Time Phone: _____
(Area code) (Area code)

Does accused educator hold a certificate issued by the State Board for Educator Certification or Texas Education Agency?

[] Yes [] No

List the standard(s) alleged to have been violated [List only the standard(s) that relate to the act(s) listed below: _____

3) Name: _____

Address: _____

Day Time Phone: _____ Evening Time Phone: _____
(Area code) (Area code)

4) Name: _____

Address: _____

Day Time Phone: _____ Evening Time Phone: _____
(Area code) (Area code)

Name, School address, and phone number of Superintendent or President of Board of Trustees of School District [whichever is applicable] where the accused educator was employed at the time of the act(s) alleged:

Name: _____

Address: _____
Street City State Zip Code

Day Time Phone: _____
(Area code)

AFFIDAVIT

State of _____

County of _____

BEFORE ME, the undersigned authority, personally appeared _____
_____, who being by me duly sworn, stated as follows:

“My name is _____. I am of sound mind, capable of making this complaint, and verify that the facts herein stated are true. To the best of my knowledge, information and belief, formed after a reasonable inquiry under the circumstances, this complaint is not frivolous as defined by Title 19 Tex. Admin. Code § 249.53.”

Complainant

SWORN TO AND SUBSCRIBED before me on the _____ day of _____, _____
(year)

Notary Public, State of Texas

(Seal)

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of this complaint has been mailed on this _____ day of _____, _____. To the following:
(Year)

_____, _____ by
(Accused educator) (Address)
Certified Mail Return Receipt Requested # _____.

_____, _____ by
(Accused educator) (Address)
Certified Mail Return Receipt Requested # _____.

_____, _____ by
(Accused educator) (Address)
Certified Mail Return Receipt Requested # _____.

(Name of superintendent or president of the board of trustees, whichever is applicable)

_____,
(Address of the above listed person)
by Certified Mail Return Receipt Requested # _____.

Complainant