

**St. Lucie Public Schools
Office of Employee Relations, Human Resources
Employee Reporting Form**

(Please type information into form)

The information contained in this document may be exempt from disclosure pursuant to chapter 119, Florida Statutes.

The document provided below is the official intake form for reporting alleged employee misconduct or other employee matters to the Office of Employee Relations. Please access the form in your school's folder on the Office of Employee Relations site. Fill out the form and save it as the employee's name. Once the form is reviewed, you will receive a call or email to request additional information and/or to let you know the next steps in the investigation.

However, if the matter you are reporting is time sensitive, needs immediate attention, or if you want to discuss the allegations before submitting the form, please contact Aaron Clements at 772-429-7520; Dr. Rafael Sanchez at 772-429-7505; Charlie Fields, Jr. at 772-429-6196; or Debbie Hines at 772-429-7529.

Today's Date:									
Date of Incident:									
Administrator or Person Submitting the Complaint to Employee Relations:									
School or Work Location:									
Name of Person(s) Allegations are Against and Job Title of Person(s):									
Grade Level of Students Involved:									
Person(s) Making Complaint Against Employee:									
Employee or Student Name(s):									
If the Alleged Conduct was Against a Student(s), was Parent(s) notified?	Yes _____ No _____ Date: _____								
Was DCF or Law Enforcement Contacted?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">DCF</td> <td style="text-align: center;">Law Enforcement</td> </tr> <tr> <td>Yes _____ No _____</td> <td>Yes _____ No _____</td> </tr> <tr> <td>Date: _____</td> <td>Date: _____</td> </tr> <tr> <td colspan="2">Did DCF Accept the Report? Yes _____ No _____</td> </tr> </table>	DCF	Law Enforcement	Yes _____ No _____	Yes _____ No _____	Date: _____	Date: _____	Did DCF Accept the Report? Yes _____ No _____	
DCF	Law Enforcement								
Yes _____ No _____	Yes _____ No _____								
Date: _____	Date: _____								
Did DCF Accept the Report? Yes _____ No _____									

<p>If Submitted Online Please Ask for Feedback.</p>	<p>ID# of DCF Employee: _____</p>
<p>Is the Person Who Reported the Allegations or Who is on the Receiving End of the Alleged Incident an ESE Student?</p>	<p>Yes _____ No _____</p> <p>Student's Exceptionality:</p>
<p><i>Below please describe in detail the allegations against the employee. Clearly explain what occurred, who was involved and witnessed the incident, and the subsequent events that led to the reporting of the incident to administration. Write in paragraph format starting with when the allegations were reported, who reported the allegations, and everything you have done up to this point. Please include all names and do not be concerned with confidential information. This form is exempt from disclosure.</i></p>	
<p>Allegations:</p>	