



**INSTRUCTIONS:** Respond to all questions. Indicate "NA" if not applicable. Complete two copies. Retain one copy at district. Return **original** to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  
**ATTN: JENNIFER KAMMERUD, DIRECTOR**  
**LICENSING, EDUCATOR ADVANCEMENT**  
**AND DEVELOPMENT**  
**PO BOX 7841**  
**MADISON, WI 53707-7841**

This form is available on the Web at the following location:  
<https://dpi.wi.gov/tepd/licensing/background/mandatory-reporting>

Today's Date Mo./Day/Yr.

**GENERAL INFORMATION**

School District	Mailing Address Street, City, State, Zip		
Employee Name	Last 4 Digits of Social Security No.*	Entity No.	
Position Held	License Held		

**FINDINGS**

Alleged Misconduct	Date of Alleged Misconduct Mo./Day/Yr.
Status of Criminal Proceedings	County of Prosecution <i>If any</i>

Employment Status with School District

School Contact Person Regarding Disposition	Title	Telephone Area/No.
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Has the school district conducted any investigation regarding the allegation?

- Yes *Attach a summary of your investigation.*       No

What, if any discipline has the district imposed as a result of the allegation?

Additional Information. Include any additional information you believe may be useful to the Department of Public Instruction.

**SIGNATURE**

Signature of School District Administrator/Designee	Date Signed Mo./Day/Yr.
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*\*Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.*