



Wisconsin Department of Public Instruction

LICENSE REVIEW REFERRAL

PI-1620 (Rev. 02-25)

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: OFFICE OF LEGAL SERVICES

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/manadatory-reporting>

or email to:

olsinvestigator@dpi.wi.gov

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.*