



Wisconsin Department of Public Instruction

**LICENSE REVIEW REFERRAL**

PI-1620 (Rev. 08-13)

**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: TAMMY HUTH, DIRECTOR  
TEACHER EDUCATION, PROFESSIONAL DEVELOPMENT  
AND LICENSING  
P.O. BOX 7841  
MADISON, WI 53707-7841**

This form is available on the Web at the following location:  
<http://tepd.dpi.wi.gov/licensing/mandatory-school-district-reporting-of-educator-misconduct>

Today's Date *Mo./Day/Yr.*

**GENERAL INFORMATION**

School District	Mailing Address Street, City, State, Zip	
Employee Name	Social Security Number*	
Position Held	License Held	

**FINDINGS**

Alleged Misconduct	Date of Alleged Misconduct <i>Mo./Day/Yr.</i>	
Status of Criminal Proceedings	County of Prosecution <i>If any</i>	
Employment Status with School District		
School Contact Person Regarding Disposition	Title	Telephone <i>Area/No.</i>

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 <i>Mo./Day/Yr.</i>
---	--------------------------------

\*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.