

**Teacher Standards and Practices Commission**  
**465 Commercial Street NE**  
**Salem OR 97301**  
**(503) 378-3758 (FAX)**  
**(503) 373-1260**

**EDUCATOR COMPLAINT FORM**

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**Name of educator against whom the complaint is lodged**

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**Employing School District**

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**Educator's Position**

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Nature of Complaint – Summarize your complaint in this space. **Attach** a detailed explanation (up to two pages) including conduct, dates, witnesses and list of relevant evidence. **Enclose** documentation if available.

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I hereby certify that the information contained herein is a true and accurate representation of the facts as I know them to be. I further certify that the subject matter of this complaint is not stale, nor brought for the purpose of harassing or embarrassing the accused educator. I understand I may be required to provide the Commission with evidence to substantiate the charges filed by me.

**Mail Completed Form to:**

Executive Director  
Teacher Standards and Practices Commission  
465 Commercial Street NE  
Salem OR 97301  
(503) 373-1260  
(503) 378-3758 (FAX)

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Signature

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Print Name

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Address

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Date

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Telephone Number