

Educator Mandatory Report Form

The Educator Discipline Act, 24 P.S. § 2070.9(a), requires any educator who knows of any action, inaction, or conduct by another educator constituting sexual abuse or exploitation or sexual misconduct to file a mandatory report with the Department of Education, the chief school administrator, and his or her immediate supervisor within 15 days of discovery of the sexual abuse or exploitation or sexual misconduct.

**Failure of an educator to comply with these mandatory reporting requirements is grounds for discipline, up to and including revocation of the educator’s certification and/or employment eligibility.**

The completed mandatory report form with supporting documentation should be sent to the Pennsylvania Department of Education, via electronic mail to RA-EDMisconduct@pa.gov, or regular mail, to the Office of Chief Counsel, 607 South Drive, 3rd Floor, Harrisburg, PA 17120.

# Information Regarding Mandatory Reporter

**Name of Mandatory Reporter**:

**Title of Mandatory Reporter**:

**Name of School Entity Where Employed** (if applicable):

**Address**:

**Email Address**:

**Telephone Number**: ext. (Specify Type: Cell/Home/Work)

# Educator’s Information

**Educator’s Name**: (First Name, Middle Initial, Last Name)

**PPID**: **Date of Birth**:

**Most Recent Employer and Position**:

**Telephone Number**: (Specify Type: Cell/Home/Work)

**Alternate Telephone Number**: (Specify Type: Cell/Home/Work)

**Email**:

**Home Address**:

**Work Address**:

# Information Regarding Alleged Misconduct

**County and State Where Alleged Misconduct Occurred**:

**Detailed Description of the Conduct:**

Briefly describe the educator’s misconduct and list the date(s) the misconduct occurred and the date(s) you learned about the misconduct (attach additional sheets as needed). Any supporting documentation should be attached to the report. Your description should answer the following questions: What happened? Who was involved? When and where did the conduct occur? Please also include victim’s name, age and brief description, if applicable. Please also provide the names and contact information of any witnesses or other persons having information related to this matter.

**List the names of the chief school administrator and immediate supervisor to whom you reported the educator’s misconduct and the date(s) on which you made the report**:

 Name of Chief School Administrator: Date Notified:

 Name of Immediate Supervisor: Date Notified:

**If you have filed a report or complaint with any other entity, such as law enforcement, Children and Youth Services or ChildLine, please provide the name of the entity, the date the report or complaint was made, and, in the case of written reports or complaints, attach a copy of the report or complaint.**

 Entity:

 Date Report or Complaint was Made:

**Verification**

Under penalty of perjury, I certify that I am the person accessing and submitting the Department of Education’s educator mandatory report form. I verify, subject to the penalties of section 4904 of the Pennsylvania Crimes Code (18 Pa.C.S. § 4904), relating to unsworn falsification to authorities, that the information above and the facts contained in this mandatory report and attachments are true and correct to the best of my knowledge. I understand that I can be prosecuted if I provide false or misleading information. I have agreed to submit this mandatory report by electronic means. By checking the box below and entering my name, I certify that all information on this form is true and correct. I also agree that by checking the box below and entering my name, I am creating an electronic signature. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

[ ]  I certify the above information is true and correct and I am the person submitting information.

Signature of Mandatory Reporter Date