

DIRECTIONS FOR COMPLETING ALLEGATION FORM

This form should be used to submit an allegation of a violation of the Code of Ethics against a currently licensed Arkansas educator or administrator.

Name of Educator: Means the name of the person whose conduct is alleged to have violated the Code of Ethics.

Date of Incident: Be specific if a date specific is known. If there is a date range/school year/event, list that date range.

- Standard 1:** An educator maintains a professional relationship with each student, both in and outside the classroom.
- Standard 2:** An educator maintains competence regarding his or her professional practice, inclusive of professional and ethical behavior, skills, knowledge, dispositions, and responsibilities relating to his or her organizational position.
- Standard 3:** An educator honestly fulfills reporting obligations associated with professional practices.
- Standard 4:** An educator entrusted with public funds and property, including school sponsored activity funds, honors that trust with honest, responsible stewardship.
- Standard 5:** An educator maintains integrity regarding the acceptance of any gratuity, gift, compensation or favor that might impair or appear to influence professional decisions or actions and shall refrain from using the educator's position for personal gain.
- Standard 6:** An educator keeps in confidence secure standardized test materials and results and maintains integrity regarding test administration procedures.
- Standard 7:** An educator maintains the confidentiality of information about students and colleagues obtained in the course of the educator's professional services that is protected under state law or regulations, federal law or regulations, or the written policies of the educator's school district, unless disclosure serves a professional purpose as allowed or required by law or regulations.
- Standard 8:** An educator, while on school premises or at school-sponsored activities involving students, refrains from:
- a) using, possessing and/or being under the influence of alcohol or unauthorized drugs/substances, and/or possessing items prohibited by law, or
 - b) possessing or using tobacco or tobacco-related products, e-cigarettes, e-liquid, or vapor products, or
 - c) abusing/misusing prescription medications or other authorized substances as evidenced by impairment

Brief Statement Describing the Alleged Conduct: Please write a short factual description of the events or conduct that you believe violates the Code of Ethics. Be specific with regard to the names of person involved, the names of the students, and the names of any witnesses. Please use dates, even if approximate, wherever appropriate.

Reporting to Other Persons, Agencies, or Authorities: Please identify any other reporting or other steps to resolve the issue that you have undertaken concerning the alleged conduct and the outcome of the reporting.

Witnesses, Documents, and Photographs: List the name and contact information for any person you believe may have additional information regarding the unethical conduct. Please **submit copies** of the documents and/or copies of the photographs with your form and list them.

Complainant's Name: Means the name of the person who is making the allegation. If it is on behalf of a school district, it means the district's contact for this complaint such as the superintendent, or the superintendent's designee.

Perjury: Act 1045 of 2011 requires that complainants sign the allegation form under penalty of perjury. Signing under penalty of perjury means that you believe that the facts and circumstances alleged are true, it does not mean that the information will ultimately be proven to be true.

Code of Ethics for Arkansas Educators Allegation of Violation Form

Allegation made against:

Name of Licensed Educator _____ Date of Incident _____

Educator's Address _____

Educator's Phone (w) _____ (c) _____ (h) _____ Email _____

Educator's Work/School _____ Phone _____

School Address _____ City _____ Zip _____

Name of School District _____ Phone _____

District Office Address _____ City _____ Zip _____

*** If this is a Standard 1 Allegation and you are a mandated reporter who believes suspected child maltreatment has occurred pursuant to A.C.A. § 12-12-501 et. seq, did you report it to the Arkansas State Police Child Abuse Hotline? Yes _____ No _____**

(See the attached instruction page for a listing of the each of the Standards of Conduct.)

Brief Statement Describing the Alleged Conduct: (Please be as specific as possible; attach additional pages as needed.)

List the name of any other person, agency, or authority to whom the alleged conduct has been reported:

List the names and contact information of any witnesses and list and **attach** any documents, photographs or other evidence you have to support your allegation(s) _____

Allegation is being made by (check appropriate box) [] Educator [] Administrator [] Parent [] Other: _____

Complainant's Name _____ E-mail: _____

Address _____ Daytime Phone _____

City, State, Zip _____ Other Phone/Cell _____

BY SIGNING BELOW, I SWEAR OR AFFIRM THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF UNDER PENALTY OF PERJURY. [ORIGINAL SIGNATURE REQUIRED]

Complainant's Signature: _____ Date _____

Send to: Karli Saracini, Assistant Commissioner for Educator Effectiveness and Licensure
Arkansas Department of Education
Four Capitol Mall, Room 102
Little Rock, AR 72201

Allegation Validated by: _____ Date: _____
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