



DISTRICT OF COLUMBIA
 OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

DC Local Education Agency (LEA) Reporting Form

The purpose of this form is to report knowledge of a person who holds a current DC credential or one who may apply for a credential who has engaged in an act listed in 5-A DCMR § 1607. The party completing this form must enter all information as requested. Please be advised that OSSE reserves the right to reject incomplete forms or forms that bear information that is not actionable.

I. Enter the information about the person being reported as requested below.

Person's full name:	
Person's gender:	
Name of school where person is employed:	

II. Check the box next to the act that has been allegedly engaged in by the person named above. (Check all that apply)

I or this LEA has reason to believe that the person named above has engaged in:

1	<input type="checkbox"/>	Fraudulently or deceptively obtained or attempted to obtain the credential
2	<input type="checkbox"/>	Murder
3	<input type="checkbox"/>	Child abuse
4	<input type="checkbox"/>	Rape or sexual abuse
5	<input type="checkbox"/>	A sexual offense involving a minor or non-consenting adult
6	<input type="checkbox"/>	Child pornography
7	<input type="checkbox"/>	Kidnapping or abduction of a child
8	<input type="checkbox"/>	Illegal possession, use, sale, or distribution of controlled substances
9	<input type="checkbox"/>	Illegal possession or use of weapons
10	<input type="checkbox"/>	A felony involving moral turpitude to be defined as one characterized by behavior or acts that gravely violate moral sentiments or accepted moral standards of this community and are of a morally culpable quality
11	<input type="checkbox"/>	A crime of violence as defined in District of Columbia Official Code Section 23-1331(4)

12	If the suspected act involved the immediate danger, mental or physical abuse to a child, on which date did you report your knowledge of the act to the Metropolitan Police Department (MPD) or the Child and Family Services Agency (CFSA)?	Enter date below: / /
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III. Check the box next to the type of credential the person named above holds or may apply for. (Check all that apply)

1	<input type="checkbox"/>	Teacher credential
2	<input type="checkbox"/>	School service provider /Pupil services credential (e.g. school counselor, librarian, etc.)
3	<input type="checkbox"/>	School Administrator (Principal, Assistant Principal)

Reporting DC Local Education Agency Information

IV. Enter the information about the party reporting this information.	
Full name of person filing this report:	
Position title or assignment:	
Name of the reporting DC LEA/School:	
DC LEA/school 's street address:	
Describe how you became aware of the suspected act:	
Describe any action(s) that the LEA has initiated and/or taken against the alleged person, if taken:	
Signature of reporting person:	Enter e-signature or written signature
Email address:	
Date signed:	

Completed forms must be delivered or submitted to:

**Office of the State Superintendent of Education (OSSE)
Division of Teaching and Learning
Professional Practices and Discipline
1050 First St. NE, Fifth Floor
Washington, DC 20002**

Completed forms may also be submitted by email to:

Anthony.Graham@dc.gov