

**NOTIFICATION OF ALLEGED EDUCATOR MISCONDUCT**

[Utah Administrative Rule R277-516-7](#)



Date: \_\_\_\_\_

**EDUCATOR'S Name:** \_\_\_\_\_ **CACTUS ID OR SSN #:** \_\_\_\_\_

**EDUCATOR'S education employer:** \_\_\_\_\_

**EDUCATOR'S assignment:** \_\_\_\_\_

**OFFENSE TYPE:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pornography                                 | <input type="checkbox"/> Boundary Violation <i>with Student</i> | <input type="checkbox"/> Insubordination                  |
| <input type="checkbox"/> Sexual Activity <i>with Student</i>         | <input type="checkbox"/> Financial Mismanagement                | <input type="checkbox"/> Violence <i>with non-student</i> |
| <input type="checkbox"/> Sexual Activity <i>with non-Student</i>     | <input type="checkbox"/> Documentation Mismanagement            | <input type="checkbox"/> Violence <i>with Student</i>     |
| <input type="checkbox"/> Drugs/ Alcohol <i>not on School Grounds</i> | <input type="checkbox"/> Testing Protocol Violation             |   |
| <input type="checkbox"/> Drugs / Alcohol <i>on School Grounds</i>    | <input type="checkbox"/> Sexual Harassment                      |   |
| <input type="checkbox"/> Other--                                     | _____   |   |

**BRIEF EXPLANATION OF INCIDENT; include dates of incident, attach additional page(s) if necessary:**

Note:  Check here if you attached additional information.  
 Check here if you have documentation requiring our UPPAC investigator to contact you.

**DISTRICT ACTION, to date:**

**CRIMINAL ACTION, if any. Was law enforcement notified? Were charges pressed? (Include case no. arresting/charging law enforcement entity involved):**

**SUGGESTIONS FOR WITNESS(ES) (Include name and phone if available):**

Note: UPPAC Investigator will not contact witnesses prior to discussion with appropriate district personnel.

**RETURN TO:**  
**Benjamin Rasmussen, UPPAC Director**  
250 East 500 South  
P.O. Box 144200  
Salt Lake City, UT 84114-4200  
[benjamin.rasmussen@schools.utah.gov](mailto:benjamin.rasmussen@schools.utah.gov)  
801-538-7768 fax

**PROVIDED BY:**  
Name: \_\_\_\_\_  
District: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_