

**Temple College Preparatory**  
S c h o o l   O f   E x c e l l e n c e  
1766 West 17<sup>th</sup> Street Jacksonville, Florida 32209  
Phone: (904) 598 - 0078      Facsimile: (904) 598 - 0079  
*National Accreditation by F.L.O.C.S. and S.A.C.S.*  
*International Accreditation by I.L.C.S.*  
*“Striving For Excellence In Education And Teaching”*

**EDUCATOR MISCONDUCT REPORTING FORM**

OFFICE OF Professional Practices Services

**Misconduct Reporting Procedures:**

Reports of misconduct of employees and by administrators should be made to Dr. James Parris, Executive Director. He can be reached on 904-568-6588. Email address is [jparrisc@bellsouth.net](mailto:jparrisc@bellsouth.net).

Employees can find this information posted in the Administration Office on the first floor of the Temple College Preparatory School located at 1766 West 17<sup>th</sup> Street, Jacksonville Florida 32209. This information can also be found on our school’s website: [www.templecollegeprep.com](http://www.templecollegeprep.com).

Policies and procedures for reporting misconduct by instructional personnel or school administrators which affects the health, safety, or welfare of a student are posted in the Administration Office and on each floor. These policies and procedures can also be found on our website: [www.templecollegeprep.com](http://www.templecollegeprep.com).

**TCP Immunity from Liability Form:**

The 2019 Florida Statutes

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[Title XLV](#)  
TORTS

[Chapter 768](#)  
NEGLIGENCE

[View Entire Chapter](#)

**768.095 Employer immunity from liability; disclosure of information regarding former or current employees.**—An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee is immune from civil liability for such disclosure or its consequences unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760.

**History.**—s. 1, ch. 91-165; s. 17, ch. 99-225.

**REPORTER INFORMATION: Private School  
REPORTER CONTACT INFORMATION:**

School Name: TEMPLE COLLEGE PREPARATORY SCHOOL

Contact Person Name and Title: \_\_\_\_\_

Contact Address and Telephone: \_\_\_\_\_

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**INFORMATION REGARDING THE EDUCATOR BEING REPORTED**

EDUCATOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DOE CERTIFICATE # \_\_\_\_\_

ASSIGNED SCHOOL: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUBJECT/GRADE LEVEL: \_\_\_\_\_

YEARS EXPERIENCE: \_\_\_\_\_

CONTRACTUAL STATUS: \_\_\_\_\_

CURRENT EMPLOYMENT STATUS: \_\_\_\_\_

**SUMMARY OF THE ALLEGATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**REPORTING DIRECTIONS:** For questions, contact our office at 850-245-0438 In addition to the reporting form, submissions to the Office of Professional Practices Services should include:

1. All investigative materials, reports, evidence, documents or related materials (Examples include, victim or witness statements, arrest reports or court documents, newspaper articles, computer evidence, video or audio tapes, text messages or cell phone records, photographs, grade books or calendars, gifts/items, statements, arrest reports, court documents, local investigative reports, termination or disciplinary documents, letter of sanitized or redacted documents.
2. The educator's current certification information and any applications processed or renewed at the local level.
3. Name and contact information for all victims and witnesses (see and duplicate page two as necessary).

**Direct all correspondence via regular mail to:**

Florida Department of Education, Office of Professional Practices Services  
325 West Gaines Street, Suite 224-E  
Tallahassee, Florida 32399-0400.

# EDUCATOR MISCONDUCT REPORTING FORM

## VICTIMS

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Current School: \_\_\_\_\_

Current School: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Current School: \_\_\_\_\_

Current School: \_\_\_\_\_

## WITNESSES

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Current School: \_\_\_\_\_

Current School: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Current School: \_\_\_\_\_

Current School: \_\_\_\_\_

**Witness Statement**

**STATEMENT**

I, \_\_\_\_\_  
Name Date of Birth Position/Grade

\_\_\_\_\_  
Address: Street/City/State/Zip Code

\_\_\_\_\_  
(Area Code) Home Telephone (Area) Cell Phone Date

having been advised that I need not make this statement, declare that the following statement is given freely and voluntarily, without promise to benefit, or threat or use of force or duress, do proceed to state as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read each page of this statement consisting of \_\_\_\_\_ page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct to the best of my knowledge.

Signature of person giving statement: \_\_\_\_\_

Signature of person witnessing statement: \_\_\_\_\_

**EVIDENCE CHAIN OF CUSTODY**

The item(s) described below were obtained as evidence by the undersigned during an official investigation of the Temple College Preparatory School.

Description of Item: \_\_\_\_\_

\_\_\_\_\_

Obtained From: \_\_\_\_\_

Title

Name

\_\_\_\_\_

Location

Phone Number

Printed Name of Investigator: \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_

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

Case Number: \_\_\_\_\_

Temporary disposition of item(s): \_\_\_\_\_

\_\_\_\_\_

(Where stored) \_\_\_\_\_

Released by (Printed named): \_\_\_\_\_ and

Released to (Printed named & date): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Teacher Signature:

Date: