

The Commissioner of Teacher Professional Conduct



Employer Report Form

IMPORTANT: For optimal use of this PDF form, download it to your digital device and complete it using Adobe Acrobat Reader or another Adobe Acrobat product. A free copy of Adobe Acrobat Reader can be downloaded at <https://get.adobe.com/reader/>.

Purpose of this Form

This form collects information required to submit a formal employer report to the Commissioner as prescribed by section 8.10(1) of The Education Administration Act.

Under The Education Administration Act, employers include Manitoba's public school divisions, independent schools, adult learning centres, First Nation School Authorities, and institutions and education organizations that employ or retain certified Manitoba teachers or clinicians.

Part 1 – Teacher or Clinician Information and Employer's Action

Teacher or Clinician Information

Employed by:

Name of School:

Name of Teacher or Clinician:

Professional School Personnel (PSP) Number:

Date of Hire:

Suspension, Termination or Resignation Dates:

Mailing Address:

Email:

Please check all applicable boxes:

Action Taken

Administrative Leave

Suspension

Termination of a contract or employment

Resignation or Retirement

Mutual agreement for termination of a contract or employment

Other, please specify:

Reason for Action

Professional Misconduct

Part 2 – Report

COMPLAINT AND REPORTS ABOUT TEACHERS – The Education Administration Act

Report by teacher’s employer

8.10(1) An employer must report the following to the Commissioner without delay if a teacher they employ

- (a) has been charged with or convicted of an offence under the Criminal Code (Canada) relating to the physical or sexual abuse of children, where the employer has knowledge of the matter;
- (b) has been suspended, dismissed, or otherwise disciplined for professional misconduct;
- (c) has resigned in circumstances where a report of the resignation is in the public interests.

Please complete the following applicable sections:

Report related to section 8.10(1)(a).

Provide a clear and detailed description of the charge or conviction under Criminal Code (Canada) relating to the physical or sexual abuse of a child or children by the reported teacher or clinician.

Check this box if you have supporting documents or evidence.

Report related to section 8.10(1)(b).

Provide a clear and detailed description as to why the certified Manitoba teacher or clinician was suspended, dismissed or otherwise disciplined for professional misconduct or incompetence. Please explain the circumstances leading to this decision. You may be required to provide additional information.

Check this box if you have supporting documents or evidence.

Report related to section 8.10(1)(c).

Provide a clear and detailed description as to why the reporting of the circumstances of the certified Manitoba teacher's/clinician's resignation are in the public interest. Please provide what happened, when it happened and who was involved.

Check this box if you have supporting documents or evidence.

Part 3 – Reporter Contact Information and Requirements

Reporter Contact Information

Name of Employer:

Name of Reporter:

Position:

Work Address:

Phone Number:

Email:

Date of Report:

Requirements

Please submit the following documents alongside the completed employer notice form:

- Investigation report and written findings
- Copy of the letter to teacher advising of the conclusion of the investigation and any findings and/or consequences

The Commissioner may in the future request additional information, document or materials.

Under section 8.10(3) of The Education Administration Act, the employer must give a copy of the report to the teacher or clinician who is the subject of it. Please provide a copy of the report to the certified Manitoba teacher or clinician who is the subject of the report.

Please check all boxes that apply:

I have advised the certified Manitoba teacher or clinician subject to this employer report about the report.

I have advised the certified Manitoba teacher or clinician subject to this report to seek legal counsel and contact their union representative or business agent.

Declaration

I, _____, attest that the information provided in this form is true, accurate and complete to the best of my knowledge and understand that the personal information being collected is for the purposes described at the beginning of this form.

This declaration is dated _____ .

Save the completed form and press the submit button below. Alternatively, you can print it and send a scanned copy by email at tcs@gov.mb.ca. If you are unable to email your employer report form, send it by mail to 309-1181 Portage Ave., Winnipeg, MB R3G 0T3 or by fax at 204-945-1625.