



Request for a Review of Professional Misconduct or Professional Incompetence

NOTE: The LEADS Executive Director **must** provide a copy of Sections 1, 2, 3 and 4 of this completed form, and any additional documents provided by the Complainant, to the LEADS member whose professional conduct is being requested to be reviewed.

Section 1 – Which LEADS Member’s professional misconduct or professional incompetence do you request the LEADS Executive Board to review?

Please identify the name and contact information of the LEADS member.

Name _____

Position _____

School Division _____

Section 2 – The Complainant

The information in this section will be used to contact you for this review/investigation.

First Name _____

Last Name _____

Section 3 – LEADS Professional Code of Conduct

A copy of the LEADS Professional Code of Conduct can be provided upon request. The Professional Code of Conduct can be found on the [LEADS website](#).

Please indicate which clauses of the Professional Code of Conduct are applicable to your request for a review (indicate all that may apply):

PRINCIPLES

1. Good Citizenship and High Ethical Standards _____
2. Honour and Dignity of the Profession _____
3. Specialized Knowledge, Concepts and Skills _____
4. Student Needs Above All Other Considerations _____
5. Preservation, Enhancement, Prestige of the Profession _____
6. Adherence to Provincial Legislation/Regulation and Division Policy _____
7. Transparency While Maintaining Confidence _____
8. No Private Gain or Personal Interest _____

Section 4 – Please provide a brief description of the LEADS member’s actions that have prompted this complaint. You may provide additional information in a separate document.

Section 5 – How can the LEADS Executive Director contact you?

The information in this section will be used to contact you for this review/investigation. Correspondence will be sent to the address provided below. If you contact information changes, you must contact the LEADS Executive Director to update information in this section.

First Name _____

Last Name _____

Address

Daytime Phone Number _____ Fax Number _____

Email Address _____

May a message be left at your daytime phone number? Yes _____ No _____

Section 6 – Your Signature and Statements

I confirm that all the information contained in the Form and other document(s) is accurate to the best of my knowledge. **I also confirm that I understand that Sections 1, 2, 3, and 4 of this Form and any additional documents submitted will be provided to the LEADS member concerned.** I acknowledge I am required to keep my contact and address information up to date and, if I fail to do so, this review may not proceed.

Signature

Date

Submitting to the LEADS Executive Director: You may send this completed and signed form, along with the attachment(s) to:

LEADS
420-22nd Street East, Saskatoon, SK, S7K 1X3
Office: (306) 539-0451
BenGrebinski@saskleads.ca