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
DuaneHauk@saskleads.ca