

The Commissioner of Teacher Professional Conduct



Employer 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 for employers of certified teachers to bring a matter to the Commissioner's attention under section 8.9 or 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.

Mandatory Employer Reports

Section 8.10(1) of The Education Administration Act requires all employers to make a report to the Commissioner without delay if a teacher they employ has:

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

Discretionary Complaints

Any person – including an employer – may make a written complaint to the Commissioner that alleges professional misconduct by a teacher.

The employer is responsible to ensure that information is disclosed in accordance with applicable laws and regulations, including but not limited to The Freedom of Information and Protection of Privacy Act (FIPPA) and The Personal Health Information Act (PHIA).

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:

Part 2 – Details

Check this box if this is a report related to section 8.10(1) (mandatory report).

Please provide a detailed description of the alleged misconduct and any disciplinary action that has been taken to date and/or resulting changes to the teacher's employment status, including resignations. Please include any relevant considerations regarding risk to students.

Please also submit the following documents, as applicable, alongside this form:

- Investigation report and written findings, along with primary supporting documents, such as interview notes
- Copy of the letter to teacher advising of the conclusion of the investigation and any findings and/or consequences

Check this box if you are including supporting documents or other materials as attachments.

Check this box if this is a complaint related to section 8.9 (discretionary complaint).

Please provide a description of the alleged misconduct, including relevant considerations regarding risk to students.

Check this box if you are including supporting documents or other materials as attachments.

Please note that employers also have an obligation to report matters to local child welfare agencies and/or law enforcement as appropriate. If you have raised this matter with other agencies (e.g., Child and Family Services or Police) please provide the date of the report, the service, and the file/case number (if applicable). If applicable, what was the outcome?

Part 3 – Employer Contact Information and Declaration

Employer Contact Information

Organization Name:

Employer Contact Full Name:

Position:

Work Address:

Phone Number:

Email:

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

Under section 8.10(3) of The Education Administration Act, when making a mandatory report, the employer must give a copy of the report to the teacher or clinician who is the subject of it. The employer may choose to share completed forms with the teacher or clinician in the event of a discretionary complaint.

Please check all boxes that apply:

Upon submission of this form, I will share a copy with the certified Manitoba teacher or clinician.

Employers are encouraged to advise the certified Manitoba teacher or clinician 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.