



Central Seminary (CBTS) MISCONDUCT REPORT FORM (N-23)

TYPE OF MISCONDUCT

- Sexual Misconduct
 Discrimination
 Harassment
 Verbal Conduct

COMPLAINANT'S INFORMATION (if the complainant is different from person reporting)

Complainant's Name

CBTS Status (student, faculty, staff, other)

Complainant's phone # (if available)

Complainant's Email

Complainant's Preference for Action:

- No Action, report only at this time
 Formal Complaint
 Informal Complaint (voluntary resolution)

RESPONDANT'S INFORMATION (the individual accused of committing the misconduct)

Respondent's Name (if not known enter "unknown")

Respondent's Status (student, faculty, staff, other)

Respondent's Telephone # (if available)

Respondent's Email (if known)

INCIDENT INFORMATION

Incident Date

Incident Time

Location or Address of Incident

Description of the incident (nature of the misconduct); the context or circumstances (such as on a CBTS trip or during work; an off-site party, etc.)

REPORTER'S INFORMATION

Reporter's Name

Report Date

Reporter's Phone #

Reporter's Email

ANY ADDITIONAL INFORMATION

Provide any additional details here that could be helpful (such as other witnesses, preference for privacy, interim measures needed)

SUBMISSIONS

Complete this form and email to the Vice President of Academic Affairs, Robert Johnson at rjohnson@cbts.edu or Vice President for Finance and Administration, Scott Wedel at swedel@cbts.edu