



## 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, Kathy Maxwell at [kmaxwell@cbts.edu](mailto:kmaxwell@cbts.edu) or Vice President for Finance and Administration, Scott Wedel at [swedel@cbts.edu](mailto:swedel@cbts.edu)