CHRISTIAN THEOLOGICAL SEMINARY℠

Title VI and Title IX Complaint Form

Please complete the following information as thoroughly as possible.
(Use the back of the form for additional space.)

Name of person filing the Complaint: _____

(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged accused solely on the basis of an anonymous report.)

Check whether you are the: ☐ Complainant ☐ Witness

Check whether you are a: ☐ Student ☐ Faculty ☐ Administrative Staff Member

☐ Other (specify): _____

Your contact information/telephone number(s): _____

_____

Information About the Complaint

Name of complainant/target: _____

Name of accused: _____

Description of accused: ☐ Student ☐ Faculty ☐ Administrative Staff

☐ Other (specify): _____

Date, time and location of incident(s): _____

_____

Witnesses (list persons who saw the incident or have information about it):

Name: _____

☐ Student ☐ Staff ☐ Other (specify): _____

Name: _____

☐ Student ☐ Staff ☐ Other (specify): _____

Details of the incident (please describe what occurred and who was involved using as much detail as possible):

_____

_____

For claims of retaliation, please explain the basis of the claim: _____

_____

Other notes: _____

_____

_____

Signature of Person Filing the Complaint Date Name Printed

_____

Signature of Person Receiving the Complaint Date Name Printed