

---

In compliance with the Criminal Background Checks [policy](#), this form must be completed by faculty, academic staff or executive management (whether paid or unpaid), to provide written reporting of the following:

- A. Professional misconduct or sanctions (e.g., debarment by a federal agency; any form of professional discipline or license restriction or surrender)
- B. Any civil rights violation that the individual admitted or was determined by a court or other adjudicative process to have committed (e.g., sexual or racial harassment or discrimination)
- C. Any felony crime for which the individual was arrested and charged or any serious crime for which the individual was convicted or pled “no contest.” A serious crime is one that involves drug distribution; sexual offenses; violence involving physical injury to another person; child abuse, molestation, or child endangerment; theft or embezzlement.

This form must be completed and submitted to the Office of the Associate Provost and Associate Vice President for Academic Human Resources within 72 hours of these events or at the earliest possible opportunity. Failure to disclose such information, or any misrepresentation made in connection with the disclosure, could be grounds for termination. Should an individual be unsure about the applicability of his/her arrest, conviction and/or event, it is the individual’s responsibility to disclose the information for further review.

### Personal Information

Full Legal Name: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

College: \_\_\_\_\_

Department: \_\_\_\_\_

### Report of Arrest, Conviction, or other Events

By checking this box, I report that I have been arrested and charged for a felony crime, or convicted or pled “no contest” for a serious crime.

Please provide details below regarding the felony crime for which you have been arrested and charged, or the serious crime for which you were convicted or pled “no contest,” the date and location of the arrest and/or conviction, and the applicable court.

---

---

---

By checking this box, I report that I have been engaged in professional misconduct and/or have had professional sanctions imposed upon me. Please provide details below regarding the type of

misconduct and/or sanctions imposed, the agency, institution, or organization in which the misconduct occurred and/or sanctions were imposed by, and the date and location.

---

---

---

By checking this box, I report that I admitted to, or was determined by a court or other adjudicative process, to have committed a civil rights violation. Please provide the specific civil rights violation, the date and location, and the applicable court.

---

---

---

*By signing this form, I certify that the statements made in this form are true, correct and complete. I understand that false statements herein, including any failure to accurately report any arrest, conviction and/or event, could be grounds for termination.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send completed form to Academic Human Resources at [ahr@msu.edu](mailto:ahr@msu.edu).