SOUTH CENTRAL CALHOUN
Board of Education

Date	Date	Date
Approved: 12/17/07	Reviewed: 08/14/17	Revised: 10/12/20
	06/19/23	10/20/25
	10/20/25	
	11/18/25	

104.E1
ANTI-BULLYING/HARASSMENT- COMPLAINT FORM

Date of Complaint:
_____

Name of Complainant:
_____

Are you filling this form for yourself or someone else (please identify the individual if you are submitting this on behalf of someone else).
_____
_____

Who or what entity do you believe discriminate against, harassed or bullied you (or someone else?)
_____
_____

Date and place of alleged incident(s):
_____
_____

Names of any witnesses (if any):_____

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.
_____
_____
_____
_____
_____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____