

SOUTH CENTRAL CALHOUN  
Board of Education

Date  
Approved: 12/17/07

Date  
Reviewed: 08/14/17  
06/19/23  
10/20/25  
11/18/25

Date  
Revised: 10/12/20  
10/20/25

104.E1  
ANTI-BULLYING/HARASSMENT- COMPLAINT FORM

Date of Complaint:

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Name of Complainant:

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

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

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Date and place of alleged incident(s):

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Names of any witnesses (if any): \_\_\_\_\_

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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.

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

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

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