

SOUTH CENTRAL CALHOUN
Board of Education

Date
Approved: 12/17/07

Date
Reviewed: 08/14/17
06/19/23

Date
Revised: 10/12/20

104.E3

DISPOSITION OF ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of Complaint: _____

Name of Student or Employee Target: _____

Grade and Building of Student or Employee: _____

Name and Position of Grade of Alleged Perpetrator/Respondent: _____

Date of Initial Complaint: _____

Nature of Discrimination or Harassment Alleged (Check all that apply)

	Age		Physical Attribute		Sex
	Disability		Physical/Mental Ability		Sexual Orientation
	Familial Status		Political Belief		Socio-Economic Background
	Gender Identity		Political Party Reference		Other-Please Specify:
	Marital Status		Race/Color		
	National Origin/Ethnic Background/Ancestry		Religion/Creed		

Summary of Investigation: _____

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

Signature: _____

Date: _____