

**SEXUAL HARASSMENT COMPLAINT FORM
-- STUDENTS.**

Horry County Schools, S.C.

Name of student complainant:

School: Grade:

Parent's name:

Address:

Phone number(s):

Name(s) of alleged harasser(s):

Approximate date(s) of alleged harassment or when harassment began, if ongoing:

Location or situation where alleged harassment occurred or is occurring:

Nature of the harassment:

Other individuals in whom you have confided about the alleged sexual harassment:

Individuals who, you believe, may have witnessed, or also been subjected to, the alleged sexual harassment:

Remedy sought:

Signature of Complainant or Complainant's Parent

Date

Signature of Individual Receiving Complaint

Date

Adopted: 6/16/97.

Revised: 10/29/97(Superintendent).