

**BULLYING / HARASSMENT COMPLAINT FORM**  
**Horry County Schools**

Name of student complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Parent's name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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 harassment: \_\_\_\_\_

\_\_\_\_\_

Other individuals who, you believe, may have witnessed, or may also have been subjected to the alleged

harassment: \_\_\_\_\_

\_\_\_\_\_

Remedy sought: \_\_\_\_\_

\_\_\_\_\_

Action by school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant or Complainant's Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Individual Receiving Complaint

\_\_\_\_\_  
Date