

SOUTH CAROLINA HUMAN AFFAIRS COMMISSION

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EMPLOYMENT INITIAL INQUIRY QUESTIONNAIRE

Complete all portions applicable to your situation.

Type or Print in ink only.

You may add additional pages as needed.

Do not write on the back of any page in this Questionnaire.

COMPLETION AND SUBMISSION OF THIS QUESTIONNAIRE DOES NOT IMPLY OR CONSTITUTE THE FILING OF A CHARGE.

Full Legal Name: _____
(First) (Middle) (Last)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: Home (_____) _____ Work: (_____) _____
(Area Code) (Area Code)

Cell: (_____) _____ Beeper: (_____) _____
(Area Code) (Area Code)

E-mail Address: _____

Date of Birth: _____ Age: _____ Sex (Circle one): M F

Race (Circle one): ___Black ___White ___Asian/Pacific Islander ___American Indian/Alaskan Native ___Other

National Origin (Circle one) ___Arab/Afghani ___East Indian ___Hispanic ___Mexican ___Other

1. What business, organization or company allegedly harmed you? Give name and **complete** South Carolina business address including street number or post office box for the location where you are/were employed or applied for employment.

Business Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: South Carolina Zip: _____

Telephone Number: (_____) _____
(Area Code)

What does this company do? _____

How many people does this business, organization, or company employ? Include **all** full-time and part-time employees at **all** locations.

___ less than 15 ___ 15 to 100 ___ 101 to 200 ___ 201 to 500 ___ over 500

2. Is the business, organization, or company named in question 1 owned by another business, organization or company? Yes No If yes, complete the following:

Corporate/

Headquarters: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Name of Human Resource Contact: _____
Telephone Number: (_____) _____
(Area Code)

3. Have you filed **this** complaint with the United States Equal Employment Opportunity Commission, any federal, state or local antidiscrimination agency, or in court? Yes No If yes, complete the following:

Name of Agency: _____
Case Number: _____ Date you filed this complaint: _____

4. Have you filed **this** complaint with the South Carolina Human Affairs Commission? Yes No If yes, complete the following about the Commission staff member to whom you complained:

Name: _____
Case Number: _____ Date you filed this complaint: _____

5. Do you currently work for the business, organization or company in question 1? Yes No If no, **give date** when you were fired or when you quit? _____
(mm/dd/yy)

Complete the following information about your current or most recent job that you held with the business, organization or company listed in question 1:

Date of hire: _____
Current or most recent job title: _____
Current or most recent unit: _____
Current or most recent pay rate: _____
Current or most recent Supervisor:
Name: _____
Title: _____
Race: _____ Sex: _____ Age: _____ National Origin: _____ Religion: _____

6. What did the business, organization, or company you listed in question 1 do to you? Check all of the issues that have happened to you in the last 300 days and give the date of the most recent occurrence of each.

___	_____	Fired	___	_____	Quit
	(mm/dd/yy)			(mm/dd/yy)	
___	_____	Disciplined	___	_____	Suspended
	(mm/dd/yy)			(mm/dd/yy)	
___	_____	Denied Benefits	___	_____	Pregnancy <i>(date you notified your employer)</i>
	(mm/dd/yy)			(mm/dd/yy)	
___	_____	Denied Equal Wages	___	_____	Denied a Reasonable Accommodation <i>(for a disability or religious beliefs)</i>
	(mm/dd/yy)			(mm/dd/yy)	
___	_____	Terms / Conditions	___	_____	Intimidated
	(mm/dd/yy)			(mm/dd/yy)	
___	_____	Sexually Harassed	___	_____	Harassed - not sexually
	(mm/dd/yy)			(mm/dd/yy)	
___	_____	Involuntarily Transferred from: _____			
	(mm/dd/yy)	To: _____			
___	_____	Denied Transfer from: _____			
	(mm/dd/yy)	To: _____			
___	_____	Demoted from: _____			
	(mm/dd/yy)	To: _____			
___	_____	Denied Promotion from: _____			
	(mm/dd/yy)	To: _____			

Date you applied	Did you meet the qualifications?	Was the position available?	Who got the position?

(mm/dd/yy)	___ Yes ___ No	___ Yes ___ No	_____

___ _____ Denied Hire to: _____
 (mm/dd/yy) (Position Name)

Date you applied	Did you meet the qualifications?	Was the position available?	Who got the position?

(mm/dd/yy)	___ Yes ___ No	___ Yes ___ No	_____

7. Why do you believe you received the treatment you checked in question 6? Check all bases applicable to your situation.

Race Sex (including sexual harassment or pregnancy) Age (at least 40)

National Origin (Ancestry) Color

Religion What is your religion? _____

Disability What is your medically diagnosed disability? _____

What is the expected duration of your disability? _____

Is any improvement expected? Yes No If yes, to what extent? _____

When was your employer notified? _____

Was it an on-the-job injury? Yes No When did the injury occur? _____

Was a Worker's Compensation claim filed? Yes No If yes, on what date? _____

Does or did your employer perceive you as having a disability? Yes No If yes, explain: _____

Retaliation (opposed an unlawful employment practice or participated as a witness in a complaint)

Did you complain about your treatment to a member of management? Yes No If yes, complete the following about the individual to whom you complained:

Name: _____

Title: _____

Did you specifically allege that your treatment was discrimination based on one or more of the items checked in question 7? Yes No

Have you been involved in a previous antidiscrimination complaint at work? Yes No If yes, provide dates and details of the complaint.

8. Who allegedly harmed you?

Name: _____

Race: Sex: Age: National Origin: Religion:

Was this individual employed by the business, organization, or company listed in question 1?

Yes No If no, complete the following on that individual:

Employer: _____

Title: _____

Work relationship to you: _____

9. For each item you checked in questions 6 and 7, state, in date order, what happened to you and identify all of the people involved by name, job title, and relevant category (i.e., race, sex, age, etc.) that you checked in question 7. Only include those things that occurred during the last 300 days that you checked in question 6. *(Attach additional pages as necessary - DO NOT WRITE ON THE BACK OF THIS FORM)*

10. Were you given any reason for the treatment you described in question 9? Yes No
If yes, what was/were the reason(s)? Answer this question in the same date order as question 9.

11. What is your reply to the reason(s) listed in question 10? If the reason(s) was/were not true, explain why.

12. Were other individuals treated better under the same or similar circumstances? ____ Yes ____ No If yes, complete the following:

<i>Name</i>	<i>Job Title</i>	<i>Race</i>	<i>Sex</i>	<i>Age</i>	<i>National Origin</i>	<i>Religion</i>	<i>Supervisor's Name</i>
<i>Brief description of this individual's treatment</i>							
<i>Brief description of this individual's treatment</i>							

13. Were other individuals treated the same or worse as you under the same or similar circumstances? ____ Yes ____ No If yes, complete the following:

<i>Name</i>	<i>Job Title</i>	<i>Race</i>	<i>Sex</i>	<i>Age</i>	<i>National Origin</i>	<i>Religion</i>	<i>Supervisor's Name</i>
<i>Brief description of this individual's treatment</i>							
<i>Brief description of this individual's treatment</i>							

14. Were there any witnesses to the events? ____ Yes ____ No

15. Do those individuals have relevant, first-hand information that is material to this complaint? __ Yes __ No

16. Are those individuals willing to speak with the Commission about this complaint? ____ Yes ____ No If yes, please provide the following information on each individual: (*Attach extra sheets for additional witnesses*)

Witness Name: _____
(First) (Middle) (Last)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: Home (_____) _____ Work: (_____) _____
(Area Code) (Area Code)

Cell: (_____) _____ Beeper: (_____) _____
(Area Code) (Area Code)

E-mail Address: _____

Settlement Information

What is the minimum relief you would accept to settle this complaint?

___ Your job back ___ Seniority ___ Benefits ___ Back Pay
___ Other _____

Contact Information

Provide the following information on how the Commission may contact you during the Commission’s regular workday hours.

Home: (_____) _____ Hours: _____
Work: (_____) _____ Hours: _____

Provide the following information on a person who will know where you can be reached. This individual should be someone who DOES NOT LIVE with you.

Contact Individual’s Name: _____
(First) (Middle) (Last)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: Home (_____) _____ Work: (_____) _____
(Area Code) (Area Code)

Cell: (_____) _____ Beeper: (_____) _____
(Area Code) (Area Code)

E-mail Address: _____

Do you have an attorney representing you in this matter? ___ Yes ___ No If yes, your attorney must send a *Letter of Representation* to the South Carolina Human Affairs Commission. The Commission cannot discuss any matter pertaining to your complaint with the attorney until it receives the Letter of Representation.

It is your responsibility to notify the Commission immediately if you change your address or telephone number. If you cannot be contacted because you have not met these responsibilities, your complaint may be dismissed. You must provide a telephone number by which the investigator can contact you during the Commission’s normal business hours (8:30 A.M. to 5:00 P.M. Monday through Friday).

I have read (or it has been read to me) this document and understand the above information. I understand that the South Carolina Human Affairs Commission makes no promises or guarantees to me as to the possible outcome or results of this complaint. I certify that all of the information contained in this questionnaire is true, accurate, and factual to the best of my knowledge, information and belief.

Signature of Complainant: _____ Date: _____