

**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: \_\_\_\_\_



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: \_\_\_\_\_

