How did you hear about the SC Human Affairs Commission?

(Please check all that apply)

☐ Attorney ☐ Television ☐ Radio ☐ Newspaper/Magazine

☐ Friend/Family ☐ Website ☐ Facebook ☐ Twitter

☐ Billboard ☐ Brochure ☐ Community Event: _____

☐ Other Agency/Organization: (Write or check below) _____

- ☐ Equal Employment Opportunity Commission (EEOC)
- ☐ Department of Employment & Workforce (Unemployment)
- ☐ Department of Labor
- ☐ Department of Consumer Affairs

In what county do you live? _____ (SC Resident Only)

INTERNET FORM

SOUTH CAROLINA HUMAN AFFAIRS COMMISSION

1026 Sumter Street, Suite 101
Columbia, South Carolina 29201
Local: (803) 737-7800 / Toll Free: 1-800-521-0725 / Fax: (803) 737-7835
Web address: http://www.schac.sc.gov Email: information@schac.sc.gov

EMPLOYMENT INITIAL INQUIRY QUESTIONNAIRE

Answer all questions as completely as possible. 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.

By signing and submitting this form, you hereby affirm that all information provided is true to the best of your knowledge, information and belief.

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

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

Cell: (_____) _____ E-mail Address:_____
(Area Code)

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

Race *(Circle all that apply)*: Black White Hispanic Asian/Pacific Islander
American Indian/Alaskan Native Other: _____

National Origin *(country of origin or ancestry)*: _____

Preferred Language: _____

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: _____

   County: _____ 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:

Business Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip:_____

Human Resource Contact: First Name: _____ Last Name:_____

Telephone Number: (_____) _____
(Area Code)

3. Were you employed through the business, organization, or company named in question 1 through a temporary service or a staffing agency? _____ Yes _____ No If yes, complete the following:

Name of temporary service of staffing agency: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Human Resource Contact: First Name:_____ Last Name:_____

Telephone Number: (_____) _____
(Area code)

4. Have you filed **this** complaint with the United States Equal Employment Opportunity Commission, any federal, state or local antidiscrimination agency (including the SC Human Affairs Commission), or in court?

_____ Yes _____ No If yes, complete the following:

Name of Agency: _____

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 pay rate: _____

Current or most recent job title: _____

Current or most recent unit: _____

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. ****Note: These issues must include an actual estimate or approximate month, day, and year.**

___	_____ *(mm/dd/yy)*	Fired	___	_____ *(mm/dd/yy)*	Quit
___	_____ *(mm/dd/yy)*	Disciplined	___	_____ *(mm/dd/yy)*	Suspended
___	_____ *(mm/dd/yy)*	Denied Benefits	___	_____ *(mm/dd/yy)*	Pregnancy *(date you notified your employer)*
___	_____ *(mm/dd/yy)*	Denied Equal Wages	___	_____ *(mm/dd/yy)*	Denied a Reasonable Accommodation (*for a disability or religious beliefs)*
___	_____ *(mm/dd/yy)*	Terms / Conditions	___	_____ *(mm/dd/yy)*	Intimidated
___	_____ *(mm/dd/yy)*	Sexually Harassed	___	_____ *(mm/dd/yy)*	Harassed - not sexually

___ _____ (*mm/dd/yy*) Involuntarily Transferred from: _____

To: _____

___ _____ (*mm/dd/yy*) Denied Transfer from: _____

To: _____

___ _____ (*mm/dd/yy*) Demoted from: _____

To: _____

___ _____ (*mm/dd/yy*) Denied Promotion from: _____

To: _____

Date you applied	Did you meet the qualifications?	Was the position available?	Who got the position?
_____ (*mm/dd/yy*)	____ Yes ____ No	____ Yes ____ No	_____

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

Date of Complaint: _____

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 (Question 10).

8. Who allegedly harmed or discriminated against you?

Name: _____ Job Title: _____
(First) (Last)

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:

Name	*Job Title*	*Race*	*Sex*	*Age*	*National Origin*	*Religion*	*Supervisor's Name*
Brief description of this individual's treatment							
Brief description of this individual's treatment							

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

Name	*Job Title*	*Race*	*Sex*	*Age*	*National Origin*	*Religion*	*Supervisor's Name*
Brief description of this individual's treatment							
Brief description of this individual's treatment							

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: (_____) _____ E-mail Address:_____
(Area Code)

INTERNET FORM

Settlement Information

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

___ Your job back ___ Seniority ___ Benefits ___ Back Pay

___ Other _____

Mediation is a form of Alternative Dispute Resolution (ADR) offered by the SC Human Affairs Commission. Mediation is a meeting in which the employer and the employee, assisted by a mediator (a neutral third party), reach a decision between themselves to resolve the dispute. It is a forum to *seek relief* for employment related concerns. Participation in the mediation program is strictly voluntary for both parties.
Would you like more information about the mediation option? _____ Yes _____ No

Contact Information

Provide the following information on how the Commission may contact you during the Commission's regular 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: (_____) _____ E-mail Address: _____
(*Area Code)*

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 provided in this questionnaire and throughout the investigation of my complaint is true, accurate, and factual to the best of my knowledge, information and belief.

Signature of Complainant: _____ Date: _____