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)
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: __________________________
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.**

<table>
<thead>
<tr>
<th>Issue Description</th>
<th>Date of Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fired</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>Disciplined</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>Denied Benefits</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>Suspended</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>Pregnancy (date you notified your employer)</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>Denied Equal Wages</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>Denied a Reasonable Accommodation (for a disability or religious beliefs)</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>Terms / Conditions</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>Sexually Harassed</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>Harassed - not sexually</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>Involuntarily Transferred from:</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>To:</td>
<td>_______________________</td>
</tr>
<tr>
<td>Denied Transfer from:</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>To:</td>
<td>_______________________</td>
</tr>
<tr>
<td>Demoted from:</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>To:</td>
<td>_______________________</td>
</tr>
<tr>
<td>Denied Promotion from:</td>
<td>___________ (mm/dd/yy)</td>
</tr>
<tr>
<td>To:</td>
<td>_______________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>____ Yes</th>
<th>____ No</th>
<th>____ Yes</th>
<th>____ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date you applied</th>
<th>Did you meet the qualifications?</th>
<th>Was the position available?</th>
<th>Who got the position?</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Yes</td>
<td>____ No</td>
<td>____ Yes</td>
<td>____ No</td>
</tr>
</tbody>
</table>

Denied Hire to: _____________________________________________

Date you applied

<table>
<thead>
<tr>
<th>____ Yes</th>
<th>____ No</th>
<th>____ Yes</th>
<th>____ No</th>
</tr>
</thead>
</table>

Denied Hire to: _____________________________________________

Date you applied

<table>
<thead>
<tr>
<th>____ Yes</th>
<th>____ No</th>
<th>____ Yes</th>
<th>____ No</th>
</tr>
</thead>
</table>
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: ____________________________ (First) ____________________________ (Last)

Job Title: __________________________ __________________________


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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Race</th>
<th>Sex</th>
<th>Age</th>
<th>National Origin</th>
<th>Religion</th>
<th>Supervisor’s Name</th>
</tr>
</thead>
</table>

_Brief description of this individual's treatment_

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Race</th>
<th>Sex</th>
<th>Age</th>
<th>National Origin</th>
<th>Religion</th>
<th>Supervisor’s Name</th>
</tr>
</thead>
</table>

_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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Race</th>
<th>Sex</th>
<th>Age</th>
<th>National Origin</th>
<th>Religion</th>
<th>Supervisor’s Name</th>
</tr>
</thead>
</table>

_Brief description of this individual's treatment_

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Race</th>
<th>Sex</th>
<th>Age</th>
<th>National Origin</th>
<th>Religion</th>
<th>Supervisor’s Name</th>
</tr>
</thead>
</table>

_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)
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: (_____) ___________________ (Area Code)
Work: (_____) ___________________ (Area Code)
Cell: (_____) ___________________ (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 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: ________________