

# 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)

**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.state.sc.us](mailto:information@schac.state.sc.us)

**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 _____ (mm/dd/yy)	Did you meet the qualifications? ____ Yes ____ No	Was the position available? ____ Yes ____ No	Who got the position? _____
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\_\_\_\_\_ (mm/dd/yy) Denied Hire to: \_\_\_\_\_ (Position Name)

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



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
<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:

Name	Job Title	Race	Sex	Age	National Origin	Religion	Supervisor's Name
<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: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
*(Area Code)*

