

How did you hear about the SC Human Affairs Commission?

(Please check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Television | <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper/Magazine |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Website | <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Brochure | <input type="checkbox"/> Community Event: _____ | |
| <input type="checkbox"/> Other Agency/Organization: (Write or check below) _____ | | | |
| <input type="checkbox"/> Equal Employment
Opportunity Commission
(EEOC) | <input type="checkbox"/> Department of Employment &
Workforce (Unemployment) | <input type="checkbox"/> Department of
Labor | <input type="checkbox"/> 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

NON-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: (_____) _____ Email Address: _____
(Area Code)

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

Race (Circle one): Black White Hispanic Asian/Pacific Islander
American Indian/Alaskan Native Other: _____

National Origin (country of origin or ancestry): _____

Preferred Language: _____

Religion: _____

Do you have a disability? ____ Yes ____ No If yes, what is your disability? _____

Are you perceived as being disabled? ____ Yes ____ No If yes, explain: _____

1. What business, organization or company allegedly harmed you? (Give the South Carolina name and address)

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone Number: (_____) _____
(Area Code)

7. Were you given any reason for the treatment you received? _____ Yes _____ No If yes, what was the reason?

8. Were other individuals treated better than you under the same or similar circumstances? _____ Yes _____ No If yes, complete the following information that applies to your situation:

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

9. Were there any witnesses to the events? _____ Yes _____ No

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

11. 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

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

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.

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: Home (_____) _____ Work: (_____) _____

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 immediately notify the Commission 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.

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: _____