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

# **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)	(M	iddle)	(Last)	
Mailing Address:					
City:		State:	Zip:		
County:					
Felephone Number: Home	() (Area Code)	W	ork: ()_ (Area Code)		
Cell: ()( <i>Area Code</i> )		E-ma	il Address:		
Date of Birth:		Age:		Sex (Circle one): M	F
Race (Circle all that apply):	Black	White	Hispanic	Asian/Pacific Islander	
1. What business, organiza	ation or company	allegedly harmed y	you? Give name	and <b>complete</b> South Carolina you are/were employed or ap	
Business Name:					
Street Address:					
Mailing Address:					
•				a Zip:	
County:		Tele		) (rea Code)	-
What does this com	pany do?		· · · · ·		
employees at all loc	cations.	-		Include <b>all</b> full-time and part-ti	
less than 15	15 to 10	0 101 to	20020	01 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, con	inplete the following:		
	Business Name:				
	Street Address:				
	Mailing Address:				
	City:			Zip:	
	Human Resource Contact	t: First Name:	Last N	ame:	
	Telephone Number:	() (Area Code)			_
١	Were you employed through t	he business, organizati	ion, or company named ir	question 1 through a tempora	ary ser
(	or a staffing agency?	Yes N	o If yes, complete the fo	llowing:	
	Name of temporary servic	e of staffing agency:			
	Street Address:				
	Mailing Address:				
	•			Zip:	
				e:	
	or local antidiscrimination age	ency (including the SC	Human Affairs Commiss	portunity Commission, any fea- tion), or in court?	deral,
	Yes	No If yes, comp	blete the following:		
	Name of Agency:			······	
	Case Number:		Date you filed th	is complaint:	
	• •	•		1?Yes1	No
	Do you currently work for the If no, <b>give date</b> when you we	•			No
	If no, give date when you we	re fired or when you qu nformation about your	uit?	1? Yes   (mm/dd/yy)   o that you held with the busined	
	If no, <b>give date</b> when you were Complete the following in	re fired or when you qu nformation about your listed in question 1:	uit?	(mm/dd/yy)	ess,
	If no, <b>give date</b> when you were Complete the following is organization or company	re fired or when you qu nformation about your listed in question 1: Current or mos	uit?	( <i>mm/dd/yy</i> )	ess,
	If no, <b>give date</b> when you were Complete the following its organization or company Date of hire:	re fired or when you que nformation about your listed in question 1: Current or mos b title:	uit?	(mm/dd/yy)	ess,
	If no, <b>give date</b> when you were Complete the following it organization or company Date of hire: Current or most recent jo	re fired or when you qu nformation about your listed in question 1: Current or mos b title: nit:	uit?	(mm/dd/yy)	ess,
	If no, <b>give date</b> when you were Complete the following it organization or company Date of hire: Current or most recent jo Current or most recent ur	re fired or when you que nformation about your listed in question 1: Current or mos b title: nit: upervisor:	uit?	(mm/dd/yy)	ess,

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.** 

	Fired			Quit	
(mm/dd/yy)	-		(mm/dd/yy)		
	Disciplined			Suspended	
(mm/dd/yy)			(mm/dd/yy)		
(mm/dd/yy)	Denied Benefit	ts	(mm/dd/yy)	Pregnancy ( your employ	date you notified
(mm/aa/yy)	Denied Equal	Wages	(mm/uu/yy)	Denied a Re	
(mm/dd/yy)			(mm/dd/yy)	Accommod	ation (for a disability
	Terms / Condit	tions		or religious Intimidated	beliefs)
(mm/dd/yy)			(mm/dd/yy)		
	Sexually Haras	ssed		Harassed - 1	not sexually
(mm/dd/yy)			(mm/dd/yy)		
(mm/dd/yy)	Involuntarily T	ransferred from:			
(mm/aa/yy)	To:				
	Denied Transfe	er from:			
(mm/dd/yy)					
(mm/dd/yy)		:			
	10:				
	Denied Promot	tion from:			
(mm/dd/yy)	То:				
D	ate you applied	Did you meet the	Was the	e position	Who got the
-	(mm/dd/yy)	qualifications?		lable?	position?
	(mm/dd/yy)	Yes No	Yes	s No	
	Denied Hire to	:			
(mm/dd/yy)				on Name)	
D	ate you applied	Did you meet the qualifications?		e position lable?	Who got the position?
-	(mm/dd/yy)	-			Position
		YesNo	Yes	s No	

7.	Why do you believe you received the treat	ment you checked in questio	on 6? Check all bases applie	cable to your
	situation.			

Nati	ional Origin (Ancestry) Color
Reli	gion What is your religion?
Disa	ability What is your medically diagnosed disability?
	at is the expected duration of your disability?
Whe	en was your employer notified?
	it an on-the-job injury?YesNo When did the injury occur? a Worker's Compensation claim filed?YesNo If yes, on what date?
	s or did your employer perceive you as having a disability? Yes No If yes, explain:
	e of Complaint:
	you specifically allege that your treatment was discrimination based on one or more of the items checked uestion 7? Yes No
	e you been involved in a previous antidiscrimination complaint at work? Yes No es, provide dates and details of the complaint (Question 10).
3. Who alleged	lly harmed or discriminated against you?
Name:	Job Title:
Race:	(First)     (Last)        Sex:     Age:     National Origin:     Religion:
Was this Y Employ Title:	/er:
riue:	

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.*)

-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
	Were you given any reason for the treatment you described in question 9? Yes No Yes No Yes
-	
	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 indiv	vidual'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:

14.

Name	Job Title	Race	Sex	Age	National Origin	Religion	Supervisor's Name
Brief description of this individ	lual's treatment						
Brief description of this individ	ual's treatment						
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	() (Area Code)	Work:	() (Area Code)
Cell: ()(Area Code)		_ E-mail Address:	

#### 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 Co		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: \_\_\_\_\_