

SOUTH CAROLINA HUMAN AFFAIRS COMMISSION

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EMPLOYMENT INITIAL INQUIRY QUESTIONNAIRE

Complete all portions applicable to your situation.

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.

Full Legal 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: _____

Social Security Number: _____

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

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

National Origin (Circle one): Arab/Afghani East Indian Hispanic Mexican Other

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: _____

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: _____

Name of Human Resource Contact: _____

Telephone Number: (_____) _____

(Area Code)

3. Have you filed **this** complaint with the United States Equal Employment Opportunity Commission, any federal, state or local antidiscrimination agency, or in court? Yes No If yes, complete the following:

Name of Agency: _____

Case Number: _____ Date you filed this complaint: _____

4. Have you filed **this** complaint with the South Carolina Human Affairs Commission? Yes No If yes, complete the following about the Commission staff member to whom you complained:

Name: _____

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 job title: _____

Current or most recent unit: _____

Current or most recent pay rate: _____

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.

_____	_____	Fired	_____	_____	Quit
	(mm/dd/yy)			(mm/dd/yy)	
_____	_____	Disciplined	_____	_____	Suspended
	(mm/dd/yy)			(mm/dd/yy)	
_____	_____	Denied Benefits	_____	_____	Pregnancy (date you notified your employer)
	(mm/dd/yy)			(mm/dd/yy)	
_____	_____	Denied Equal Wages	_____	_____	Denied a Reasonable Accommodation (for a disability or religious beliefs)
	(mm/dd/yy)			(mm/dd/yy)	
_____	_____	Terms / Conditions	_____	_____	Intimidated
	(mm/dd/yy)			(mm/dd/yy)	
_____	_____	Sexually Harassed	_____	_____	Harassed - not sexually
	(mm/dd/yy)			(mm/dd/yy)	
_____	_____	Involuntarily Transferred from: _____			
	(mm/dd/yy)	To: _____			
_____	_____	Denied Transfer from: _____			
	(mm/dd/yy)	To: _____			
_____	_____	Demoted from: _____			
	(mm/dd/yy)	To: _____			
_____	_____	Denied Promotion from: _____			
	(mm/dd/yy)	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: _____

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.

8. Who allegedly harmed you?

Name: _____

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:

<i>Name</i>	<i>Job Title</i>	<i>Race</i>	<i>Sex</i>	<i>Age</i>	<i>National Origin</i>	<i>Religion</i>	<i>Supervisor's Name</i>
<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:

<i>Name</i>	<i>Job Title</i>	<i>Race</i>	<i>Sex</i>	<i>Age</i>	<i>National Origin</i>	<i>Religion</i>	<i>Supervisor's Name</i>
<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: (_____) _____ Beeper: (_____) _____
(Area Code) (Area Code)

E-mail Address: _____

