

INTERNET FORM

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: _____

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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.**

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

