

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.

Signature of Complainant: _____ Date: _____