

**S.C. Department of Employment and Workforce**  
**Office of Equal Opportunity Complaint Information Form**

Please read the form carefully. Type or print your answers. Answer each question as completely as possible. If you cannot fit your whole answer in the space on this form, you may add more pages.

If a question or field has a star next to it, you must answer that question. You do not have to answer the other questions, but if you do, it will help us to process your complaint. If you do not know the answer to a question, put "not known" in the space for the answer. If the question does not apply to your case, put "n/a."

**\*1. Are you the complainant or a representative on the complainant?** Please check the correct box.

Complainant

Representative

**\*2. Please give your name and the other information we ask you for on the lines below.** *If you are a representative, please give the complainant's name and contact information in this section, and your own name and contact information in section 2A.*

\*Complainant's Name

\*Street Address

\*City

\*State

Zip Code

Telephone number(s) where we can reach you

Email Address

Best time to contact you

Name and contact information for someone we can contact if we cannot get in touch with you

**2A. If you are the complainants representative, please give your name and contact information in this section, and attach a letter or other document signed by the complainant, authorizing you to serve as his or her representative.**

Representative's Name

Representative's Organization (if any)

Street Address

City

State

Zip Code

Telephone number(s) where we can reach you

Email Address

Best time to contact you

*For the rest of the questions on this form, if you are filing this complaint on behalf of someone else, "you" means that person (the complainant), not you personally. Please give the answers the complainant would give if he or she was filling out the form.*

**\*3. This complaint is about something that happened to (Please check the appropriate box):**

Only me

Me and other people

Other people, but not me

**\*4. Please give the name of the agency, organization, or business that you are complaining about.** If you have any contact information for the agency, organization, or business, and/or if you know the name of the person(s) who you think discriminated against you, please give that information as well. If you need more space to give all of the information, please attach more pages to the form.

\*Name of Agency, Organization, or Business

Telephone Number(s)

Street or Mailing Address

Email Address

Name of Person You Think Discriminated

Job Title

Email Address

**\*5. What program was involved in the alleged discrimination you are complaining about?** If you do not know the name of the program, or your complaint does not involve an SC Works Center or a state or local government agency, please check "Do not know."

Workforce Investment Act and/or Workforce Innovation and Opportunity Act Program

Job Corps Program

Older Workers Program (Senior Community Service Employment Program)

Unemployment Insurance

Indian/Native American Program

Employment Service or Job Service

Migrant and Seasonal Farm Workers Program

Trade Assistance Act Program

Vocational Rehabilitation

Other (what program?)

SC Works Center

State or Local Government

Do not know

**\*6. What do you think was the basis (reason) for the alleged discrimination?** Please check the boxes next to all of the bases (reasons) you think were involved in the discrimination, and answer any other questions that go along with that box.

Because of National Origin (Please answer questions below.)

Are you Hispanic or Latino?

Yes

No

What is your national origin (the country from which you, your parents, your grandparents, or your earlier ancestors came)?

Because of my Limited English Proficiency (what is the language in which you feel most comfortable communicating? For example, Spanish, Croatian, Cambodian)

Because of my Race (Please answer questions below.)

What is your race? Please check all that apply

White or Caucasian

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

Because of my Sex

What is your sex?

Because of my Pregnancy

Because of my Sexual Orientation

What is your sexual orientation?

Because of my Gender Identity

What is your gender identity?

Because of my Color

What is your color?

Because of my Religion

What is your religion?

Because of my Age

What is your date of birth?

Because of my Political Affiliation or Political Belief

What is your political affiliation or political belief?

Because of my Disability (Please check one of the following three boxes)

I have a disability (which may be active or inactive right now).

What is your disability?

I have a record of a disability

What was your past disability?

I do not have a disability, but the organization or program treats me as if I am disabled.

Because of my Citizenship

What is your citizenship?

Because of my participation in a program that receives Federal financial assistance

Name the program:

I was Retaliated Against (Retaliation) because I complained about discrimination, or because I gave a statement or was involved in some other way with someone else's discrimination complaint.

**\*7. For each of the bases (reasons for discrimination) you checked above, please explain what happened, how you were (or someone else was) harmed by what happened, and how or why you think what happened was because of the basis you checked.** For example, if you checked "Because of my Race," list the facts you think explain *how* or *why* you think what happened was because of the race of the persons who were harmed. *If you do not explain why you checked a particular basis, we may reject that part of your complaint.*

If other persons or groups were treated differently from you (or the other people you think were discriminated against), please describe who was treated differently, how their treatment was different, and how the different treatment harmed you (or the other people you think were discriminated against). Please be specific and brief. Give the name(s) of and contact information for any of the people involved, if you can.

If your answer does not fit in the space below, please use more pages of paper to finish your answer, and attach those pages to this form.

**\*8. On what date(s) did the alleged discrimination take place?**

**8A. Date of the first action:**

**8B. Date of most recent action:**

**8C. If the date of the most recent action was more than 180 days ago, please explain why you did not file a complaint before now. (180 character limit, please attach additional information if needed)**

**9. Please list below any other people (witnesses, coworkers, supervisors, or others) whom you have not already named and whom we should contact for information about your complaint.** Attach additional pages if you need more space for this information.

Person's Name Relationship to case (witness, coworker, etc.)

Best time to contact this person

Telephone number(s) and/or email address(es) where we can contact this person.

**10. Have you filed a written complaint with anyone else, such as the Equal Employment Opportunity Commission (EEOC), or the U.S. Department of Labor, about the same events or actions you describe on this Complaint Information form?** If yes, please answer these questions, as best you can, about *each* agency, department, organization, or business where you filed a written complaint (using additional pages if necessary):

**10A. Where and when did you file your first written complaint?** Date Filed:

Name of Specific Office or Agency, Department, Organization, or Business

Phone Number Email address

Mailing or Street Address City State Zip Code

Name and Contact Information for person working on your complaint, if known.

**10B. Has the place where you filed your first written complaint given you a final decision about the complaint?**

Yes

No

**10C. If yes, what was the date of the final decision?**

Was the decision in writing?

Yes

No

Include copies of written decisions, dismissals or Right-to-Sue Letters, or other written responses that you have received concerning your complaint.

**11. What remedies are you asking for?** For example, getting benefits or training you did not receive, changes in policies, etc.

*PLEASE NOTE: The laws over which this office has jurisdiction do not allow for punitive damages. Money may only be awarded to compensate victims of discrimination for actual losses.*

**\*12. Please sign and date this form in the space below that applies to you.**

Signature of Complainant

Date

Signature of Complainant's Representative

Date

Please mail, email, or fax a complaint to:

Mail: Stephani Frese

Equal Opportunity Officer

S.C. Department of Employment and Workforce

P.O. Box 908

Columbia, SC 29202

Fax: (803) 737-0124

Email: [sfrese@dew.sc.gov](mailto:sfrese@dew.sc.gov)