

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

OFFICE OF HUMAN RESOURCES

DISCRIMINATION COMPLAINT FORM

1.	What is your full legal name?					
2.	What is your home ac					
3.	Telephone Number: I					
4.	Date of birth:	Sex:1	Race:	_ National	Origin:	
5.	On what BASIS (ES) do you feel that you have been discriminated against? Please circle.					
	RACE COLOR	RELIGION	SEX N	ATIONAL	ORIGIN	
	AGE DISA	BILITY	RETALL	a disc	filing a prior complaint or opportriminatory practice based on or preceding bases.)	
6. circle.	Please identify the ISSUE (S) in which the discrimination occurred. Please					
	FAILURE TO HIRE	FAILUR	E TO PRO	МОТЕ	DISMISSAL	
	DEMOTION	TERMS ANI	O CONDIT	TONS	HARASSMENT	
	MATERNITY	FAILURE TO	O ACCOM	MODATE ((disability / religion)	
7.	What division/departs	nent are you e	mployed?			

8.	What is your job title?
9.	Who is the person that discriminated against you? What is that person's job title?
10.	Have you filed this complaint with any Federal, State, or Local Anti-discrimination Agency?
11.	What is the last date something negative happened to you?
12.	What reason, if any, was given for the adverse action taken against you?
13.	Who was treated more favorably under the same or similar circumstances? (Provide the name, race, sex, age, religion, national origin or disability, <u>as applicable</u> .)
14.	What form of relief / resolution are you seeking?
15.	Briefly describe the particulars of your complaint. Remember to state what happened, when it happened, who made the decision and why you believe that you were treated differently because of your race, color, religion, age (40 and above), sex, national origin, bility. You may attach extra pages.

Confidentiality Statement

All information related to filing a discrimination complaint or information received during an investigation of alleged discrimination is treated with strict confidence. Only individuals required by governing Laws, Regulations and/or Policy would be allowed to review this form and related material to your complaint.