

S.C. Department of Employment and Workforce

Office of Equal Opportunity Grievance and 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 address your concerns. If you do not know the answer to a question, put "not known" in the space for the answer.

**\*1. Are you the person filing a grievance/complaint or a representative of the person?** Please check the correct box.

- Person filing a grievance/complaint
- 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 information for the person with the grievance/complaint in this section, and your own name/contact information in section 2A.**

\*Person's Name

\*Street Address

\*City

\*State

\*Zip Code

\*Telephone number(s) where we can reach you

\*Email Address

Best time to contact you

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

Representative's Name

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 grievance/complaint on behalf of someone else, "you" means that person (the one with the grievance/complaint), not you personally. Please give the answers the person with the grievance/complaint would give if he or she was filling out the form.*

**\*3. This grievance/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 me 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) with whom you have a concern, please give that information as well. If you need more space, please attach more pages to the form.

\*Name of the Agency, Organization, or Business

Telephone Number(s)

Street or Mailing Address

Email Address

Name of Person Involved

Job Title

Email Address

**\*5. What program was involved in the issue 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
- SC Works Center
- Other (what program?)
- Adult Education
- Vocational Rehabilitation

- State or Local Government
- Do not know

**\*6. Please explain what happened. If you believe you (or someone else) were harmed by what happened, explain how you were harmed.** Please be specific. (Please attach additional information, if needed.)

**\*7. On what date(s) did the event(s) you described take place?**

**7A. Date of first event:**

**7B. Date of most recent event:**

**7C. If the date of the most recent event was more than 180 days ago, please explain why you did not file a grievance/complaint before now.** Attach additional pages if you need more space.

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

Person's Name

Relationship to case (witness, supervisor, etc.)

Best time to contact this person

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

9. What outcomes are you hoping to receive? For example, getting training you wanted but were denied, changes in policies, getting benefits, etc. Attach additional pages, if you need more space.

- \*10. Please sign and date this form in the spaces below that apply to you.

Signature of Person Filing Grievance/Complaint

Date

Signature of Representative of Person Filing

Date

Please mail, email, or fax a grievance/complaint to:

Mail: Equal Opportunity Coordinator

S.C. Department of Employment and Workforce

P.O. Box 908

Columbia, SC 29202

Fax: (803) 737-0124

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