SCDOT

External Equal Employment Opportunity

ALLEGED INVESTIGATIVE COMPLAINT FORM

I. COMPLAINANT CONTACT INFORMATION

Name of Complainant:	
Address:	

Phone Number:	( )	**Best Time to Call:**	
Alternate Phone Number:	( )	**Best Time to Call:**	

II. PROJECT/CONTRACTOR INFORMATION

SC File Number:		**F. A. P. Number:**	
Name of Contractor:			
Job Title:			

How long have you been employed in your current position with the contractor?	

III. ALLEGED INVESTIGATIVE INFORMATION

1. Who do you believe discriminated against you? *(Please also include the relationship to complainant)*

2. Date(s) of alleged act(s) of discrimination.
    Is it on-going? ☐ Yes   ☐ No

3. Where did the alleged act(s) of discrimination occur?

4. Basis of Discrimination:

☐ **Race**   ☐ **Religion**   ☐ **Sex**   ☐ **Color**

☐ **National Origin**   ☐ **Age**   ☐ **Disability**

South Carolina Department of Transportation promotes EQUAL EMPLOYMENT OPPORTUNITY as applicable to highway construction.

5. How were you discriminated against? (i.e. disciplinary action, promotion, demotion, hostile environment, etc.)

6. Please describe in detail the specific incident(s) that is the basis of the alleged discrimination.

7. Please list the name(s) and contact information for any person that we may contact for additional information to support or clarify your allegation(s).

8. Have you previously reported your alleged complaint to the contractor or any other SCDOT personnel?   If so, please provide the names and titles of the persons you notified.

9. Are you familiar with the contractor's complaint procedure? If yes, have you followed these procedures?

10. Please explain what action you are seeking to resolve this complaint.

11. Please indicate if you would prefer that this complaint remain anonymous until the preliminary investigation is conducted and/or it is absolutely necessary to reveal your identity.

12. Please provide any additional comments that you may feel will assist with our investigation.

IV.   SIGNATURES

13. Was this interview conducted over the telephone? (If yes, skip #14 and go to #15.)

☐ Yes   ☐ No

14. _____ _____
    Signature of Complainant (if applicable)   Date

15. _____ _____
    Signature of Investigator   Date