



Discrimination Complaint Form

You may use this form to file a complaint with the South Carolina Department of Environmental Services (SCDES) if you believe that you have been discriminated against based on age, disability, veteran status, race, color, sex, pregnancy, religion, genetic information, national origin, gender identity, sexual orientation, denial of interpretation services, and/or denial of translation services. You do not have to use this form to file a complaint.

You may submit a complaint in writing to any SCDES local office, or by mail to the SCDES Compliance Office, 2600 Bull Street, Columbia, SC 29201, or by email to compliance@des.sc.gov, or by telephone at **(803) 898-3944**. If you choose to submit your complaint via letter, email, or telephone, please provide all the information requested in this form. You may submit your complaint anonymously; however, SCDES will be unable to contact you for further information or to inform you of the outcome of your complaint.

Please type or print all information clearly, and use additional pages if more space is needed.

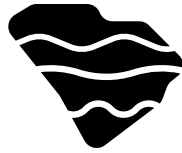
I. INFORMATION OF PERSON FILING COMPLAINT							
Last Name:		First Name:			Middle Initial:		
Address:							
City:		State:	Zip Code:		County:		
Home Phone:			Work Phone:				
Email:							
II. INFORMATION OF PERSON DISCRIMINATED AGAINST <i>(if different from person filing complaint)</i>							
Last Name:		First Name:			Middle Initial:		
Address:							
City:		State:	Zip Code:		County:		
Home Phone:			Work Phone:				
Email:							
III. LOCATION OF INCIDENT							
Office:							
Address:							
City:		State:	Zip Code:		County:		
Program/Service Area:							
IV. DATE(S) OF INCIDENT							
Date(s):							
V. EMPLOYEE INVOLVEMENT - <i>Name(s) of employee(s) involved in incident (if known/applicable):</i>							
VI. DISCRIMINATION ALLEGATION - <i>Basis of discrimination allegation (mark all that apply):</i>							
<input type="checkbox"/>	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Genetic Information	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Color	<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Denial of Interpretation Services			<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Denial of Translation Services			<input type="checkbox"/>	Race	<input type="checkbox"/>	Veteran Status

VII. INCIDENT DESCRIPTION

Please provide a brief description of the incident:

Signature

Date



SC DEPARTMENT *of*
**ENVIRONMENTAL
SERVICES**

Instructions for Completing DES 2780

Title, Revision:

Discrimination Complaint Form

Purpose:

Meet federal guidelines and provide a way for members of the public to file discrimination complaints with the Agency.

Audience:

Members of the Public

Item by Item Instructions:

The instructions are included on the form since it is intended for public use.

Office Mechanics:

The form should be retained for 6 years following resolution of the complaint under the Compliance Office Files retention schedule (17208).