



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## PROFESSIONAL EMPLOYER ORGANIZATIONS

**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 40-68-10 *et seq.*  
[www.consumer.sc.gov](http://www.consumer.sc.gov)  
(803) 734-4200

**Street Address**  
2221 Devine St. Suite 200  
Columbia, SC 29205

## PROFESSIONAL EMPLOYER ORGANIZATION COMPLAINT FORM

(Please type or print in black ink)

Pursuant to the provisions of South Carolina Code § 40-68-10 *et seq.* and South Carolina Regulation 28-1000, the Department has the authority to regulate and address complaints against Professional Employer Organizations (PEOs) in South Carolina. Please provide as much of the information requested below as possible concerning your complaint.

<b>Your Name</b>					
<b>Your Home Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Telephone No.</b>					
<b>E-Mail Address</b>					
<b>Name of PEO or PEO Group</b>					
<b>Business Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Telephone No.</b>		<b>Fax No.</b>			
<b>Name of Your Employer</b>					
<b>Contact Person</b>					
<b>Business Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Telephone No.</b>		<b>Fax No.</b>			

Have you contacted the PEO and/or your employer concerning this complaint?

Yes       No      *(Check one)*

If yes, what was the response?    *(Attach any written correspondence)*

Have you contacted another government agency regarding this complaint?

Yes       No      *(Check one)*

If yes, what agency or agencies?    *(Attach any written correspondence)*

Have you retained a private attorney or initiated a civil court case against the PEO?

Yes       No

If yes, please provide the name and address of your attorney. Provide the docket number of the court case and attach copies of any court papers that have been filed.

<b>Name of Attorney</b>					
<b>Business Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Telephone No.</b>		<b>Fax No.</b>			

<b>Court Case Docket No.</b>	
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Please provide the full details of your complaint and resolution you are seeking. Include all facts details and dates. Attach copies of all relevant bills, documents, records, correspondence, and contracts. Use separate pages if necessary.

[Empty box for providing complaint details]

**A COPY OF THIS FORM WILL BE SENT TO THE PROFESSIONAL EMPLOYER ORGANIZATION WHICH YOU HAVE FILED THIS COMPLAINT AGAINST FOR THEIR WRITTEN RESPONSE.**

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Signature

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Date

**The completed Form should be submitted to:**

South Carolina Department of Consumer Affairs  
Attn: PEO Licensing and Regulation  
P.O. Box 5757  
Columbia, SC 29250-5757

**PLEASE DO NOT FAX THIS FORM. AN ORIGINAL SIGNED FORM IS REQUIRED.**

**The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.**