



**CITY COLLEGES OF CHICAGO
DISCRIMINATION AND HARASSMENT COMPLAINT FORM**

Personal Information

Name _____
[Please Print]

Employee Student Other _____
[Please Specify]

Address _____

Telephone Number: _____ home
_____ cell

Incident Information

Location _____
[Campus or District Office Department where incident(s) occurred]

Date _____
[Date incident(s) occurred]

The name of the individual I am filing this complaint against is:

Name Employee Student
[Please Specify]

Name(s) and telephone number(s) of any known witness(es) to the incident(s):

Name Employee Student _____
Telephone number

Name Employee Student _____
Telephone number

Basis of Discrimination or Harassment [Please specify all that apply]

- Race
- Gender
- Citizenship
- Veteran Status
- National Origin
- Age
- Sexual Orientation
- Sexual Harassment
- Ethnicity
- Religion
- Marital Status
- Retaliation
- Disability
- Genetic Information
- Membership or participation in an organization
- Other _____

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Description of Incident

The facts of the incident(s) which led me to believe I was discriminated against or harassed are as follows:

Please add an additional page if necessary

Requested Remedy

Signature _____ **Date** _____

Please return completed form to:

District Office of Human Resources & Staff Development – EEO Office
226 West Jackson Blvd., 12th floor, Chicago, IL 60606
Fax: (312) 553-2967 email: eeofficer@ccc.edu