



CITY COLLEGES OF CHICAGO
DISCRIMINATION AND HARASSMENT COMPLAINT FORM

Personal Information [Please Print]

Name, Address, Telephone Number: (H), (C), Employee, Student, Other

Incident Information

Location, Date [Location where incident(s) occurred] [Date incident(s) occurred]

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

Name, Employee, Student

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

Name, Employee, Student, Telephone Number

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

- Checkboxes for Race, Gender, Citizenship, Veteran Status, National Origin, Age, Sexual Orientation, Sexual Harassment, Ethnicity, Religion, Marital Status, Retaliation, Disability, Genetic Information, Sexual Assault, Dating/Domestic Violence, Membership or participation in an organization, Pregnancy, Other

Has an Incident Report been filed with a CCC Office of Safety and Security? Yes No If yes, Date:

Has a Police Report been filed? Yes No If yes, Date: and Police District:

