

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

Personal Information [Please Print]

Name _____

Employee Student Other _____

Address _____

Telephone Number: _____

Email Address: _____

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

Name

Employee Student

Telephone Number

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

- | | | | |
|----------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Gender | <input type="checkbox"/> Citizenship | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Dating/Domestic Violence |
| <input type="checkbox"/> Membership or participation
in an organization | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> 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: _____

