

**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 \_\_\_\_\_  
[Location where incident(s) occurred]

Date \_\_\_\_\_  
[Date incident(s) occurred]

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

\_\_\_\_\_  Employee  Student  
Name

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

\_\_\_\_\_  Employee  Student \_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  Employee  Student \_\_\_\_\_  
Name 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<br>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: \_\_\_\_\_

**CITY COLLEGES OF CHICAGO**  
**DISCRIMINATION AND HARASSMENT COMPLAINT FORM (continued)**

**Description of Incident**

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

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Please add an additional page if necessary

**Requested Remedy**

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Note: City Colleges of Chicago will keep all information pertaining to the investigation as confidential as possible. After filing a formal complaint, the complainant's name and any written statements submitted may be disclosed to the respondent. If City Colleges of Chicago determines that the safety of the community is at risk, certain confidential information may need to be shared (in accordance with state and federal laws) in order to protect the community.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return completed form to:**

District Office of Human Resources – EEO Office  
180 N. Wabash Ave., 2nd floor, Chicago, IL 60601  
Fax: (312) 553-3353 email: [eeofficer@ccc.edu](mailto:eeofficer@ccc.edu)