



**Chicago Public Schools**  
**EQUAL OPPORTUNITY COMPLIANCE OFFICE (EOCO)**

42 West Madison Street 3<sup>rd</sup> Floor Chicago, Illinois 60602  
Phone: 773-553-1013 Fax: 773-553-1091 Email: EOCO@cps.edu

**Discrimination/Harassment Complaint Form**

1. Name of Complainant: \_\_\_\_\_
2. Employee I.D. #: \_\_\_\_\_
3. Job Title: \_\_\_\_\_
4. Site/School: \_\_\_\_\_
5. Work Address: \_\_\_\_\_
6. Work Telephone Number: \_\_\_\_\_
7. Home Address: \_\_\_\_\_
8. Home/Cell Telephone Numbers: \_\_\_\_\_
9. Preferred Email: \_\_\_\_\_

**10. Basis for Complaint (Protected Class) Check all boxes that apply:**

- Race or color     National Origin     Sex (including pregnancy)
- Sexual Orientation     Age     Religion     Disability
- Sexual Harassment     Gender Identity/Expression     Other \_\_\_\_\_
- Retaliation for having made a complaint/report of discrimination or harassment or for having participated in an investigation of discrimination or harassment

11. Date the alleged incident was first reported: \_\_\_\_\_
12. To Whom Complainant Reported Alleged Incident (names and contact information):  
Departmental Supervisor/Principal/Administrator \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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13. Name, job title, location, and telephone number of each individual who allegedly violated CPS Board policy and their employment status with regard to the complainant.

Is this a CPS employee? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

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14. Description of the alleged incident(s). Please provide a **chronological narrative of each incident** of discrimination and/or harassment and **the reason why you believe it was discriminatory based on a protected class**. Use additional pages if needed.

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15. Name, job title, location, and telephone number of any witness to any incident described in Paragraph 13.

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**PRIOR ACTION REGARDING ALLEGATIONS**

16. Prior to bringing this complaint, has the complainant described the alleged situation to anyone, including supervisor personnel or co-workers employed by the Board of Education?

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, list the following: Name, job title, work location, and telephone number of any person to whom the complainant described the incident; the date or approximate date the complainant brought the incident to the other employee's attention.

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17. Describe any action taken to investigate or resolve the Alleged Incident described in Paragraph 15.

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18. Has the complainant filed a union grievance or claim with any other city, state, or Federal agency?  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** If yes, provide specifics

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**In filing this complaint, I understand that the Equal Opportunity Compliance Office is not my private attorney or advocate. I also understand that if I have any questions concerning my legal rights I should contact a private attorney.**

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_