

EQUAL OPPORTUNITY COMPLIANCE OFFICE (EOCO)
Discrimination Complaint Form

1. Name: _____

2. Employee I.D # _____

3. Job Title: _____

4. Site/School and Unit #: _____

5. Work Address: _____

6. Work Telephone Number: _____

7. Home Address: _____

8. Home/Cell Telephone Numbers: _____

9. The basis for this complaint is (You may select more than one.) CPS prohibits discrimination on the basis of race, color, national origin, sex, gender sexual orientation, age, religion and disability.

- Race or color
- National Origin
- Sex _____
- Gender _____
- Sexual Orientation _____
- Age _____
- Religion _____
- Disability _____
- Retaliation because you filed a complaint or asserted your rights _____
- Sexual harassment

10. Date Complainant Reported Discrimination to _____

- _____ Departmental Supervisor/Principal/Administrator
- _____ Region Educational Officer
- _____ EOCO Manager
- _____ Other