

**EQUAL OPPORTUNITY COMPLIANCE OFFICE (EOCO)
Discrimination Complaint Form**

Complaint No.:

For Office Use Only

1. Name: _____
2. Social Security Number: _____
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 _____
10. Date Complainant Reported Discrimination to _____
 - _____ Departmental Supervisor/Principal/Administrator
 - _____ Region Educational Officer
 - _____ EOCO Manager
 - _____ Other

11. Method and Date EOCO received Complaint: _____

_____ Walk-In Complainant

_____ Phone Call by Complainant, Followed by Appointment

_____ Referral (Name of person making the report, department, and date referral was received by the EOCO Office): _____

_____ Other (Please Describe) _____

12. Date of Intake Interview: _____

13. Describe each discriminatory action separately. You may submit additional pages as necessary. For each incident, please provide the following: If you cannot remember exact dates, include approximate dates to the best of your recollection

- Date (s) the discriminatory action occurred,
- Name(s) of the individuals(s) who discriminated,
- What happened,
- Witnesses, if any,
- Why you believe the discrimination was because of whatever basis you indicated above; or why you believe the action was retaliatory.

PRIOR ACTION REGARDING THESE DISCRIMINATION ALLEGATIONS

17. Prior to bringing this complaint, has the complainant described the discrimination to anyone, including supervisory 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.

18. Describe any action taken to investigate or resolve the complaint described above.

POSSIBLE PRIOR INCIDENTS INVOLVING OTHER EMPLOYEES

19. Does the complainant know of any other employee who has experienced similar discrimination by the same individual?

_____ Yes _____ No

If yes, provide the name, job title, work location, and telephone number of each such employee; and a description of the discrimination, to the best of the complainant's knowledge.

20. Has the complainant filed a union grievance or claim with any other city, state, or federal agency?

_____ Yes _____ No

If yes, what union or agency?

21. What would you like CPS to do as a result of your complaint? What remedy are you seeking?

Complainant's Signature: _____ Date: _____

Witness: _____ Date: _____

Please send the completed form to:

Joan Hill McClain, Manager
Chicago Public Schools
Department of Human Resources
Employee Relations-EOCO
125 S. Clark Street, 11th Floor
Chicago, IL 60603