

**EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT  
CHICAGO POLICE DEPARTMENT**

RELATED C.R. NO.

EEO NO.

RECEIVED FROM COMPLAINANT BY- NAME	RANK	STAR/EMPL. NO.	UNIT NO.	DAY OF WEEK	DATE	TIME
RECEIVED WITH I. P. R. A. BY - NAME	RANK	STAR/EMPL. NO.	UNIT NO.	DAY OF WEEK	DATE	TIME

**COMPLAINANT MEMBER'S DATA**

MEMBER'S NAME		TITLE		BASIS OF ADVERSE IMPACT CLAIM (Check one)		
EMPLOYEE NO.		DATE OF BIRTH		<input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENDER <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RACE <input type="checkbox"/> RELIGION <input type="checkbox"/> RETALIATION <input type="checkbox"/> SEXUAL HARASSMENT <input type="checkbox"/> OTHER (Specify)		
SEX	RACE	UNIT OF ASSIGNMENT	WATCH	D.O.G.		
WORK PHONE (BELL)	WORK PHONE (PAX)	DATE OF INCIDENT		DATE OF COMPLAINT		

**MEMBER'S ACCOUNT**

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**ACCUSED MEMBER'S DATA**

MEMBER'S NAME		TITLE		UNIT OF ASSIGNMENT	WATCH	D.O.G.
EMPLOYEE NO.	DATE OF BIRTH	SEX	RACE	NATURE OF RELATIONSHIP (If any)		

**EQUAL EMPLOYMENT OPPORTUNITY OFFICER**

<b>RECOMMENDATION</b>	DATE REPORT RECEIVED FROM MEMBER
	LEGAL AFFAIRS/EEO OFFICER - PERSON NOTIFIED
	DATE OF EEO OFFICER'S NOTIFICATION
	DATE OF DEPARTMENT MEMBER'S INTERVIEW

<b>MEDIATION CONFERENCE</b>	INVESTIGATOR AND UNIT ASSIGNED
	DATE INVESTIGATION COMPLETED
	MEDIATION CONFERENCE DATE
	GRIEVANCE NUMBER - BARGAINING UNIT

**RESOLUTION**

	SUIT FILED - VENUE AND DOCKET
	SETTLEMENT DATE