



EEO Department
 547 W. Jackson Blvd., 2 East
 Chicago, IL 60661

Phone: (312) 322-8919
 Fax: (312) 322-4273
 Email: metraeeo@metrarr.com

EEO Complaint Form

This form is used to file an EEO complaint of discrimination under Metra policy or Title VII of the Civil Rights Act of 1964 and related statutes. Metra policy and Title VII of the Civil Rights Act of 1964 prohibit employment discrimination on the basis of race, color, religion, sex, national origin, and sexual harassment. Gender identity and sexual orientation are also viewed as forms of sex discrimination under Title VII and Metra policy.

The following information is necessary to process your complaint. If you require any assistance in completing this form, please contact the EEO Department at (312) 322-8919. The completed form must be returned to Metra's EEO Department, 547 W. Jackson Blvd., 2 East, Chicago, IL 60661.

Section I - Complainant Information (Please Print)

Last Name:		First Name:	
Select One: <input type="checkbox"/> Job Applicant <input type="checkbox"/> Non-Metra Employee <input type="checkbox"/> Metra Employee			
Mailing Address:			
City:		State:	Zip Code:
Telephone:		E-mail Address:	
Date of Alleged Discrimination or Incident:		Location of Alleged Discrimination or Incident:	
Who is complaint against:			

Section II - Please indicate below why you think these alleged discriminatory acts were taken (check only the categories that support your claim of discrimination).

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Race – Indicate your race: _____ <input type="checkbox"/> Color – Indicate your color: _____ <input type="checkbox"/> Religion – Indicate your religion: _____ <input type="checkbox"/> National Origin <input type="checkbox"/> Ancestry <input type="checkbox"/> Citizenship Status <input type="checkbox"/> Age – Indicate your age: _____
 (Please note that you must have been at least 40 years old when the matter of concern occurred) <input type="checkbox"/> Sex – <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity <input type="checkbox"/> Marital Status | <ul style="list-style-type: none"> <input type="checkbox"/> Veteran's Status <input type="checkbox"/> Armed Forces Reserve or National Guard Status <input type="checkbox"/> Unfavorable Military Discharge <input type="checkbox"/> Arrest Record <input type="checkbox"/> Order of Protection Status <input type="checkbox"/> Any Other Protected Category <input type="checkbox"/> Physical or Mental Disability <input type="checkbox"/> Disability – Indicate your disability: _____ <input type="checkbox"/> Reprisal (retaliation) |
|--|---|



Please describe your complaint. Identify specific acts, incidents or events and the dates of occurrence. Specify how you believe you were discriminated against (use additional sheets if necessary):

Please list the names of your co-workers/other applicants (comparatives) that were treated differently (if applicable):



Please specify the remedial action that you believe will resolve your complaint:

I affirm that I have read the above charge and that it is true to the best of my knowledge.

(Complainant's Signature)

(Date)

Upon completion of this form please submit to:

Metra
EEO Department
547 W. Jackson Blvd., 2 East
Chicago, IL 60661
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Email: metraeeo@metrarr.com

Note: This complaint will not be processed unless it is signed and dated by the complainant. The laws enforced by the EEO Department prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws.