



## Office of Diversity & Civil Rights (ODCR)

### External Complaint Form for Non-Metra Employees Checklist

Please ensure the following steps have been completed before you submit the attached Internal Complaint Form:

- Review Metra's Anti-Discrimination/Anti-Harassment Policy
- Review Metra's Sexual Harassment Policy
- Provide current contact information
- Identify date(s) of alleged discrimination or incident(s)
- Identify EEO category(s) that support your claim of discrimination
- Sign and date EEO Complaint Form

Upon completion of the EEO Complaint Form please submit via one of the following:

- Mail**  
Metra  
Office of Diversity & Civil Rights  
547 W. Jackson Blvd  
Chicago, IL 60661
- Email**  
[metraeeo@metrarr.com](mailto:metraeeo@metrarr.com)
- Fax**  
(312) 322-8093

If you have questions please contact the Office of Diversity & Civil Rights at 312-322-6323.



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 547 W. Jackson Blvd.  
 Chicago, IL 60661

Phone: (312) 322-6323  
 Fax: (312) 322-8093  
 Email: metraeeo@metrarr.com

### External Complaint Form for Non-Metra Employees

This form is used to file an external complaint of discrimination under Title VII of the Civil Rights Act of 1964 and related statutes. Title VII of the Civil Rights Act of 1964 prohibits employment discrimination on the basis of race, color, religion, sex, national origin, and sexual harassment. Gender identify and sexual orientation are also viewed as forms of sex discrimination under Illinois state law.

The following information is necessary to process your complaint. If you require any assistance in completing this form, please contact the Office of Diversity & Civil Rights at (312) 322-6323. The completed form must be returned to Metra Office of Diversity & Civil Rights, 547 W. Jackson Blvd., 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"/> Other			
Mailing Address:			
City:		State:	Zip Code:
Telephone:		E-mail Address:	
Date of Alleged Discrimination or Incident:		Location of Alleged Discrimination or Incident:	

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



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:

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547 W. Jackson Blvd.  
Chicago, IL 60661  
Fax: (312) 322-8093  
Email: [metraeeo@metrarr.com](mailto:metraeeo@metrarr.com)

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