

OFFICE OF DIVERSITY AND CIVIL RIGHTS 547 W. Jackson Blvd., Chicago, Illinois 60661 Intake Phone (312) 322-6323, Fax (312) 322-4273

EXTERNAL COMPLAINT FORM FOR JOB APPLICANT OR TERMINATED/FORMER METRA EMPLOYEE

Section I:	
Name of Complainant	() Job Applicant () Terminated/Former Metra Employee () Other
	Date of Alleged Discrimination or Incident:
Home Address	
	Location of Incident:
City, State, Zip Code	Email Address:
City, State, Zip Code	
Home Telephone: () \	Vork: () Cell: ()
also viewed as forms of sex discrimination under Discrimination is also prohibited by the Civil Rigin Employment Act of 1967 (ADEA), the Rehab (ADAAA), the Vietnam Era Veterans Readjustnand Reemployment Act (USERRA), the Pregnand the Genetic Information Nondiscrimination Section II: Please indicate below why you think these allegthat support your clam of discrimination): For E	ghts Act of 1991, Equal Pay Act of 1963, the Age Discrimination illitation Act of 1973, the ADA Amendments Act of 2008 nent Assistance Act of 1974, the Uniform Services Employment ancy Discrimination Act of 1978, the Illinois Human Rights Act,
Race – State your race: Color – Religion – State you religion: National Origin Ancestry Citizenship Status Age – State your age: (Please note that for age you must have been least 40 years old when the matter of concern occurred.) Sex – () Female () Male Sexual Orientation	
Gender Identity	Reprisal (retaliation)



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*Note: The Equal Employment Opportunity Commission recently declared that "sexual orientation is inherently a 'sex-based consideration,' and an allegation of discrimination based on sexual orientation is necessarily an allegation of sex discrimination under Title VII," *Baldwin v. Foxx*, EEOC Appeal 0120133080, 2015 WL 4397641 (July 16, 2015).

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



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Please list the names of your co-w	orkers (comparatives) that were treated differently (if applicable):
	that you believe will resolve your complaint:
Signature:	Date:
This complaint will not be processed	Date:unless it is signed and dated by the Complainant

Upon completion of this form please submit it to the department representative below:

Office of Diversity and Civil Rights
Metra
547 West Jackson Boulevard
Chicago, IL 60661
Phone: (312) 322-6323

Email: metraeeo@metrarr.com

Note: The laws enforced by the Office of Diversity and 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.