

Office of Diversity & Civil Rights (ODCR)

Internal Complaint Form 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
- Fax**
(312) 322-8093

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



Office of Diversity & Civil Rights
547 W. Jackson Blvd.
Chicago, IL 60661

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

Internal Complaint Form

This form is used to file an internal 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 identity 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:		Employee I.D. #:	
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).

- Race** – Indicate your race: _____
- Color** – Indicate your color: _____
- Religion** – Indicate your religion: _____
- National Origin**
- Ancestry**
- Citizenship Status**
- Age** – Indicate your age: _____
(Please note that you must have been at least 40 years old when the matter of concern occurred)
- Sex** – Female Male
- Sexual Orientation**
- Gender Identity**
- Marital Status**
- Veteran's Status**
- Armed Forces Reserve or National Guard Status**
- Unfavorable Military Discharge**
- Arrest Record**
- Order of Protection Status**
- Any Other Protected Category**
- Physical or Mental Disability**
- Disability** – Indicate your disability: _____
- 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 (comparatives) that were treated differently:

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 it to:

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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.