



Equal Employment Opportunity (EEO) Department  
 547 W Jackson Blvd  
 Chicago, IL 60661

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

## EEO Complaint Form

Metra's EEO Policy prohibits employment discrimination on the basis of race, color, religion, sex (gender), pregnancy, age (40 and older), national origin, disability (physical or mental), citizenship status, genetic information, ancestry, sexual orientation, gender identity, military and veteran status, marital status, unfavorable military discharge, arrest record, orders of protection status, or other protected classes.

The following information is necessary to process and investigate your complaint. If you require any assistance in completing this form, please contact the EEO Department at (312) 322-8919.

### Section I - Complaint Information (please print)

Last Name:	First Name:	Employee ID:
Job Title:		Department / Manager Name:
Home Address:		
City:	State:	Zip Code:
Telephone (mobile / home / work):		Personal Email Address:
Date of Alleged Discrimination or Incident:		Location of Alleged Discrimination of Incident:

### Section II - Check the appropriate type(s) of discrimination you are alleging. Please specify.

- |                    |                           |
|--------------------|---------------------------|
| Race               | Sexual Harassment         |
| Color              | Genetic Information       |
| Religion           | Sexual Orientation        |
| Sex                | Gender Identity           |
| Pregnancy          | Military / Veteran Status |
| Age (40 or older)  | Marital Status            |
| National Origin    | Retaliation               |
| Disability         | Equal Pay                 |
| Citizenship Status | Other                     |



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

Provide the name of the person(s) you believe discriminated against you.

List the names of any co-workers – name, title, contact number – that were treated differently than you.

List any witness(es) – name, title, contact number – who witnessed the alleged discriminatory act:



Discrimination, harassment, and retaliation prohibited by Metra's EEO Policy may also be prohibited by federal, state, and local laws, including Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, the Americans with Disabilities Act, and the Illinois Human Rights Act. Metra's EEO Policy is intended to comply with the prohibitions as stipulated in these anti-discrimination laws.

If you file this complaint with any court, administrative agency such as, the United States Equal Employment Opportunity Commission (EEOC), the Illinois Department of Human Rights (IDHR), or any other external forum, Metra's EEO Department will administratively close your case and respond accordingly to the investigative agency.

By checking this box, typing, and signing my name and date below, I hereby affirm that the information in this complaint intake form is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Complainant's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant's Signature

Upon completion of this form, please mail, fax, or email to:

**Metra**  
**Equal Employment Opportunity Department**  
**547 W Jackson Blvd**  
**Chicago, IL 60661**

**Fax: (312) 322-4273**

**Email: [metraeeo@metrarr.com](mailto:metraeeo@metrarr.com)**