



EEO Department
 547 W Jackson Blvd
 Chicago, IL 60661

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

EEO Complaint Form

This form is used to file a 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 (gender), national origin, and sexual harassment. In addition, Metra's EEO Policy identifies gender identity, genetic information, disability, and veteran's status as other forms of employment discrimination under Title VII.

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 1 – Complaint Information (please print)

| | | |
|---|-------------|---|
| Last Name: | First Name: | Employee ID: |
| Job Title: | | Department / Manager Name: |
| Home Address: | | |
| City: | State: | Zip Code: |
| Telephone (mobile, home): | | 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:

- | | |
|---|--|
| <p>Race (please specify)</p> <p>Color (please specify)</p> <p>Religion (please specify)</p> <p>National Origin (please specify)</p> <p>Sex (please specify)</p> <p>Gender Identity (please specify)</p> <p>Disability (please specify)</p> <p>Sexual Orientation (please specify)</p> | <p>Age (40 or older) (please specify)</p> <p>Sexual Harassment</p> <p>Harassment</p> <p>Pregnancy</p> <p>Genetic Information</p> <p>Retaliation</p> <p>Equal Pay</p> |
|---|--|



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:



If you file this complaint with any court, administrative agency such as, the United States Equal Employment Opportunity Commission (EEOC) or 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.

If you choose to file with the EEOC or IDHR, you must file the complaint within (300) calendar days from the date of the alleged discrimination in order to protect your rights. You should contact the nearest EEOC or IDHR office for additional information about filing a complaint.

By checking the box and signing (or typing) 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 Signature

Date

Upon completion of this form, please submit it to:

Metra
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