



Office of Diversity & Business Enterprise  
 547 W. Jackson Blvd.  
 Chicago, IL 60661

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

**Title VI Complaint Form**

Metra is committed to ensuring that no person is excluded from participation in or denied benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964.

Title VI complaints must be filed within 180 days from the date of the alleged discrimination. The following information is necessary to assist us in processing your complaint.

If you require any assistance in completing this form, please contact the Office of Diversity & Business Enterprise at (312) 322-6323.

The completed form must be returned to Metra’s Office of Diversity & Business Enterprise, 547 W. Jackson Blvd., Chicago, IL 60661.

**Part I - Complainant Information (Please Print)**

Last Name:		First Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:					
City:			State:		Zip Code:
Telephone:			E-mail Address:		
Date of Alleged Discrimination Incident:			Location of Alleged Discrimination Incident:		

**Person(s) discriminated against if someone other than complainant**

Last Name:		First Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:					
City:			State:		Zip Code:
Telephone:			E-mail Address:		

Please explain why you have filed this complaint for a third party (Use additional sheets if necessary):

I affirm that I have obtained the permission of the aggrieved party to file this complaint.

**Part II – Cause of Discrimination**

Which of the following best describes the reason for the alleged discrimination? (Check only the categories that support your claim of discrimination)

- Race                       Color                       National Origin (Limited English Proficiency)



### Title VI Complaint Form

**Part III**

Please describe the alleged discrimination incident (Include as many specific details as possible such as names, titles, times and any other information you feel would be helpful. Use additional sheets if necessary):

**Part IV**

Have you filed this complaint with any other federal, state, or local agency? (Check one)       Yes       No

If so, please list agency and contact information below.

Agency:	Contact Name:	Telephone:	
Mailing Address:	City:	State:	Zip Code:

**Part V**

Verification

I affirm that I have read the above charge and that it is true to the best of my knowledge.

\_\_\_\_\_  
(Complainant's Signature)

\_\_\_\_\_  
(Date)

**For Official Use Only**

Date Complaint Received: \_\_\_\_\_  
Received By: \_\_\_\_\_