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 Metra Operations Planning & Analysis at (312) 322-4227.

The completed form must be returned to Metra Operations Planning & Analysis, 547 W. Jackson Blvd., Chicago, IL 60661.

Part I - Complainant Information (Please Print)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

Mailing Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

Telephone:  
E-mail Address:

Date of Alleged Discrimination Incident:  
Location of Alleged Discrimination Incident:

Person(s) discriminated against if someone other than complainant

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

Mailing Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

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)
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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.

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Contact Name:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

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)