



**EEO/DIVERSITY INITIATIVES DEPARTMENT
 547 W. Jackson Blvd., Chicago, Illinois 60661
 Intake Phone (312) 322-7099, Fax (312) 322-4273
 Non-Contract Employee
 Anti-Harassment Injury Reporting Form**

Current Metra Employee Job Applicant
 Terminated (Former) Metra Employee

 Name of Complainant

 Job Title

 Home Address

 I. D. #:

 Date of Hire (if applicable)

 City, State, Zip Code

 Dept./Work Location

Home Telephone: () _____ Work: () _____ Other: () _____

Metra is committed to providing working conditions that will promote a safe and healthy work environment for all its employees. This includes Metra's commitment to complete and accurate reporting of all accidents, incidents, injuries, and occupational illnesses arising from the operation of the railroad.

Non-contract employees who feel they are being harassed, intimidated or retaliated against by **ANY** Metra employee for reporting an accident, illness, injury or occupational illness are encouraged to submit a complaint in writing to Countess P. Cary, Senior Director, EEO/Diversity Initiatives Department. Furthermore, **non-contract employees** who feel they have been subjected to any action that is calculated to discourage or prevent them from receiving proper medical treatment are also encouraged to submit a complaint.

(You must complete the form on the back to file a complaint with the EEO/Diversity Initiatives Department.)



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Anti-Harassment Injury Reporting Form**

I am being () harassed, () intimidated, and/or () retaliated against.
(Check all that apply)

Please describe your complaint. Specify how you believe you were harassed, intimidated and/or retaliated against. Identify specific acts, incidents or events and the dates of occurrence. Use additional sheets if necessary.

Please specify the remedial action that you believe would resolve your complaint.

Submitted by: _____

Date: _____