



EEO/DIVERSITY INITIATIVES DEPARTMENT
547 W. Jackson Blvd., Chicago, Illinois 60661
Intake Phone (312) 322-7099, Fax (312) 322-4273
INTERNAL COMPLAINT FORM

Name of Complainant () Current Metra Employee () Job Applicant
() Terminated (Former) Metra Employee

Home Address Job Title: _____

I.D. #: _____ Date of Hire (if applicable): _____

City, State, Zip Code Dept./Work Location: _____

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

Title VII of the Civil Rights Act of 1964, prohibits employment discrimination on the basis of race, color, religion, sex, (sexual harassment is a form of sex discrimination) and national origin; the Age Discrimination Act of 1967 (ADEA), protects individuals who are 40 years of age or older against discrimination on the basis of age; and Title I of the Americans with Disabilities Act of 1990 as amended by the ADA Amendments Act of 2008 (ADAAA), prohibits employment discrimination against qualified individuals with disabilities.

I am being discriminated on the basis of (check **only** those that apply)

For Example:

☒ **Religion** – State your religion: Catholic (I am being discriminated on the basis of my religion, I was told not to wear a cross to work).

☐ **Race** – State your race: _____

☐ **Sex** - () Female () Male

☐ **Sexual Harassment**

☐ **Religion** – State your religion: _____

☐ **Color** - _____

☐ **National Origin**

☐ **Age** - State your Age: _____ (Please note that for age you must have been at least 40 years old when the matter of concern occurred.)

☐ **Disability** - State your disability: _____

☐ **Reprisal (retaliation)**

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



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Please list the names of your co-workers (comparatives) that were treated differently:

Please specify the remedial action that you believe will resolve your complaint:

Submitted by: _____

Date: _____