



EEO/DIVERSITY INITIATIVES DEPARTMENT
547 W. Jackson Blvd., Chicago, IL 60661
Intake Phone (312) 322-7099, Fax (312) 322-4273
EMPLOYEE RELATIONS 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: (____) _____

Please describe your complaint. Use additional sheets if necessary. Identify specific acts, incidents, or events and the dates of occurrence



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

Submitted by: _____ Date: _____