



Office of Diversity & Civil Rights
 547 W. Jackson Blvd., 5-W
 Chicago, IL 60661

Phone: (312) 322-6323
 Fax: (312) 322-8093

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 Compliance Officer by calling (312) 622-6323. The completed form must be returned to Metra Office of Diversity & Civil Rights, 547 W. Jackson Blvd., 5-W, Chicago, IL 60661.

Part I - Complainant Information (Print all items legibly)

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

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:					
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.					
<input type="checkbox"/> Yes					
<input type="checkbox"/> No					

Part II – Cause of Discrimination

Which of the following best describes the reason for the alleged discrimination? (Check appropriate box(es))		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin (Limited English Proficiency)
Date of Incident		

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Part III

Please describe the alleged discrimination incident (Include as many specific details as possible such as names, titles, times, location and any other information you feel would be helpful. Please use the next page if additional space is required.

Part III

Please describe the alleged discrimination incident. (continued)

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: _____