

COMPLAINT OF DISCRIMINATION



OFFICE OF DIVERSITY & INCLUSION

OFFICE USE ONLY

Case Number: _____

Metropolitan Atlanta Rapid Transit Authority's (MARTA) DISCRIMINATION COMPLAINT FORM

COMPLETED FORM SHOULD BE RETURNED TO:

MARTA OFFICE OF DIVERSITY & INCLUSION

2424 Piedmont Rd., NE, Atlanta, Georgia 30324

Phone (404) 848-4455

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Last Name: _____ First: _____ M.I. _____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Email: _____

Address: _____

Job Title/Classification: _____

Work Unit/Dept.: _____

Supervisor and Job Title: _____

Status (Please check one): Employee Supervisor Contractor Other/External

If Other/External, please specify: _____

WHAT IS THE BASIS OF YOUR COMPLAINT? (CHECK ALL THAT APPLY)

- Race Color Religion National Origin
- Sex Discrimination (Includes Sexual Orientation, Gender Identity, or Pregnancy)
- Age (40 or Older) Disability Veteran Status Marital Status
- Parental Status Retaliation Sexual Harassment Genetic Information
- Other _____

COMPLAINT OF DISCRIMINATION



OFFICE OF DIVERSITY & INCLUSION

WHAT IS THE ISSUE ASSOCIATED WITH YOUR COMPLAINT? (CHECK ALL THAT APPLY)

- | | | |
|--|--|---|
| <input type="checkbox"/> Admission | <input type="checkbox"/> Compensation | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Discharge/Termination | <input type="checkbox"/> Disciplinary Action | <input type="checkbox"/> Failure to accommodate |
| <input type="checkbox"/> Failure to Hire/Non-selection | <input type="checkbox"/> Grading | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Hostile Work Environment | <input type="checkbox"/> Non-promotion | <input type="checkbox"/> Performance Evaluation |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Transfer | <input type="checkbox"/> Work Conditions |
| <input type="checkbox"/> Other _____ | | |

WHO DO YOU ALLEGE DISCRIMINATED AGAINST YOU (RESPONDENT)?

Name

Job Title

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

WHEN DID THE ALLEGED DISCRIMINATION OCCUR? _____

DESCRIBE WHAT HAPPENED. (Please provide as much detail as possible and include information such as dates, locations, persons involved or present, behaviors, comments, other incidents, etc. Please attach additional paper if necessary).

COMPLAINT OF DISCRIMINATION



OFFICE OF DIVERSITY & INCLUSION

LIST ALL WITNESSES (IF ANY) TO THE INCIDENTS YOU DESCRIBED:

Name

Contact Number

| | |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

HAVE EFFORTS BEEN MADE TO RESOLVE THIS COMPLAINT WITH A SUPERVISOR OR OFFICIAL?

(Circle one) Yes No IF YES, PLEASE INDICATE THE INDIVIDUAL(S), DATE OF COMPLAINT, AND THE STATUS OF THE COMPLAINT.

WHAT IS YOUR REQUESTED REMEDY (WHAT CORRECTIVE ACTION DO YOU BELIEVE WOULD RESOLVE YOUR COMPLAINT)?

Are you willing to participate in counseling, mediation, or facilitation to seek an early resolution of your claim(s)? (Check one)

- Yes No

COMPLAINT OF DISCRIMINATION



OFFICE OF DIVERSITY & INCLUSION

If yes, please select which form of early resolution you would prefer (Circle One):

Counseling

Mediation

Facilitation

HAVE YOU FILED A PREVIOUS COMPLAINT OF DISCRIMINATION? (Circle one)

Yes No

IF SO, PLEASE DESCRIBE THE INCIDENT, WHEN IT OCCURRED, WHEN YOU FILED THE COMPLAINT, AND THE STATUS OF THE COMPLAINT.

WHO DID YOU FILE YOUR PREVIOUS COMPLAINT WITH?

MARTA Diversity & Inclusion EEOC Other _____

DO YOU HAVE A REPRESENTATIVE? (Circle one) Yes No IF SO, PLEASE

PROVIDE YOUR REPRESENTATIVE'S NAME AND CONTACT INFORMATION.

IS YOUR REPRESENTATIVE AN ATTORNEY? (Circle one) Yes No

AFFIRMATION

I affirm that I have read the above charge and that it is true and correct to the best of my knowledge, information and belief. I am willing to fully cooperate in the D&I investigative process and provide whatever evidence/documents which may be requested of me.

COMPLAINT OF DISCRIMINATION



OFFICE OF DIVERSITY & INCLUSION

Also, I acknowledge my obligation to immediately notify the Office of Diversity and Inclusion of any changes relative to my contact information (e.g. address, telephone numbers, e-mail address) during the investigative period.

Signature

Date

NOTICE CONCERNING YOUR RIGHTS TO FILE A COMPLAINT WITH A CIVIL RIGHTS ENFORCEMENT AGENCY

Any employee or applicant for employment who believes he or she has experienced discrimination has a right to file a formal complaint with a federal civil rights enforcement agency. *A person does not give up this right when he or she files a complaint with the Metropolitan Atlanta Rapid Transit Authority (MARTA).*

The following federal agency enforces laws against discrimination:

U. S. Equal Employment Opportunity Commission (EEOC)
Sam Nunn Atlanta Federal Center
100 Alabama Street, SW, Suite 4R30
Atlanta, Georgia 30303
Phone: 1-800-669-4000
Fax: 1-800-669-6820

STATUTORY TIME PERIODS FOR THE TIMELY FILING OF CHARGES OF DISCRIMINATION (MEASURE FROM THE OCCURRENCE OF A DISCRIMINATORY ACTION):

1. Complaint must be filed within 180 days of the matter alleged to be discriminatory.
2. MARTA Investigator has 90 days to complete the investigation and respond to all parties regarding the findings.

COMPLAINT OF DISCRIMINATION



OFFICE OF DIVERSITY & INCLUSION

AFFIRMATION

I affirm that I have read the above notice concerning my rights to file a complaint with a federal, state, or local civil rights enforcement agency at any time before or after I file a complaint with MARTA Office Diversity and Inclusion, and that I am aware of the filing deadlines for those agencies.

Signature

Date

(Please provide a copy of this form to the Complainant)