COMPLAINT OF DISCRIMINATION

OFFICE OF CORPORATE COMPLIANCE & ENGAGEMENT

OFFICE USE ONLY

Case Number: _____

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

COMPLETED FORM SHOULD BE RETURNED TO:
MARTA OFFICE OF CORPORATE COMPLIANCE & ENGAGEMENT
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 CORPORATE COMPLIANCE & ENGAGEMENT

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

☐ Admission	☐ Compensation	☐ Demotion
☐ Discharge/Termination	☐ Disciplinary Action	☐ Failure to accommodate
☐ Failure to Hire/Non-selection	☐ Grading	☐ Harassment
☐ Hostile Work Environment	☐ Non-promotion	☐ Performance Evaluation
☐ Sexual Harassment	☐ Transfer	☐ Work Conditions

☐ 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 CORPORATE COMPLIANCE & ENGAGEMENT

_____

_____

_____

_____

_____

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

Name	Contact Number
_____	_____
_____	_____
_____	_____
_____	_____

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**

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 Office of Corporate Compliance & Engagement ☐ 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.

Also, I acknowledge my obligation to immediately notify the Office of Corporate Compliance & Engagement 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.

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)