

APPENDIX A

IHB FORM LP-500  
Indiana Harbor Belt Railroad  
Internal Discrimination Complaint

TO: IHB Human Resources

I believe I may have been subject to illegal discrimination at work, or in connection with the terms and conditions of my employment. I believe this discrimination is based upon my:

_____ Race	_____ Sex	_____ Age
_____ Disability	_____ Religion	_____ National Origin

STATEMENT OF COMPLAINT:

---

---

---

---

---

---

---

---

---

---

I understand that I will not be subject to retaliation or otherwise adversely affected as a result of having filed this complaint.

Name:	
Work Location and Job:	
Home Address:	
Home Phone:	
Employee Signature:	
Date:	

**IHB FORM LP-501  
INDIANA HARBOR BELT RAILROAD COMPANY  
INTERNAL DISCRIMINATION COMPLAINT APPEAL**

Director of Labor Relations  
Indiana Harbor Belt Railroad  
2721 – 161<sup>st</sup> Street  
Hammond, Indiana 46322-1099

Dear Sir or Madam:

Please accept this letter as notification of my desire to appeal the decision rendered in connection with the internal discrimination complaint filed by me.

My appeal is based upon the following:

---

---

---

---

---

---

---

<b>EMPLOYEE NAME:</b>	
<b>EMPLOYEE ID:</b>	
<b>WORK LOCATION:</b>	
<b>HOME ADDRESS:</b>	
<b>HOME PHONE NUMBER:</b>	
<b>EMPLOYEE SIGNATURE:</b>	
<b>DATE:</b>	

