

Civil Rights Discrimination Complaint Form

Instructions:

You **MUST** file your complaint within **180 calendar days of the last alleged act of discrimination**. You are not required to use this form to file a complaint. In your complaint, please provide in detail how you believe were discriminated against. Include all relevant names and dates. Attach any supporting documentation to your complaint. A representative from the Office of Civil Rights will contact you **within seven (7) business days** of receipt of the complaint.



MONTANA
Department of
Transportation

Submit complaint to:

Montana Department of
Transportation
Office of Civil Rights
2701 Prospect Avenue
PO Box 201001
Helena, MT 59620-1001
Email: mdtcrform@mt.gov
Voice: (406) 444-6334
TTY: (800) 335-7592
Fax: (406) 444-7243

Nondiscrimination & Accessibility

ADA, Title VI, and Title VII

For more information on ADA, Title VI, Title VII, or nondiscrimination at MDT, visit our website:

mdt.mt.gov/business/contracting/civil/eeo.aspx

Montana Department of Transportation (MDT) is committed to conducting all of its business in an environment free of discrimination, harassment, and retaliation. In accordance with state and federal laws, MDT prohibits discrimination against its employees, job applicants, or anyone with whom MDT chooses to do business based on a person's protected class(es).

Alternative accessible formats of this document will be provided on request. Persons who need an alternative format should contact the Office of Civil Rights, Montana Department of Transportation, 2701 Prospect Avenue, PO Box 201001, Helena, MT 59620-1001. Telephone: (406) 444-5416 or Montana Relay Service at 711.

This document is printed at state expense. Information on the cost of producing this publication may be obtained by contacting the Department of Administration.

Basis of Complaint: (Mark all that apply)

Federal Protected Classes

- Age
- Color
- Disability
- Gender Identity
- Income Level
- Limited English Proficiency
- National Origin
- Race
- Sex
- Sexual Orientation

Complaint (Mark all that apply)

- Harassment
- Discrimination
- Retaliation

Complaint Details

I am filing a complaint on behalf of:

- Myself
- Someone else (Specify who)

Date of last alleged act of discrimination:

Description of why you are filing your complaint: (attach additional pages if needed)

Montana State Protected Classes

- Ancestry
- Gender Expression
- Genetic Information
- Mental / Physical Disability
- Military Service / Veteran Status
- Parental / Marital Status
- Political or Religious Affiliations/Ideas
- Pregnancy
- Childbirth
- Medical conditions related to Pregnancy / Childbirth
- Religion / Creed
- Social Origin / Condition
- Vaccination Status

Name, address, and phone number of the individual(s) you are filing the complaint against:

Name, address, and phone number of Witness(es):

Contact Information

Please provide your contact information in the event that we need to reach you during our investigation.

Name: _____

Phone Number: _____

Address: _____

Email: _____

Preferred method of contact: Phone Email

Signature

Date