Montana Department of Transportation
Civil Rights Discrimination Complaint Form

MDT is an Equal Employment Opportunity Employer and does not tolerate discrimination based on protected status. You are NOT required to use this form to file a complaint. Complaints should be in WRITING, signed and contain information requested by this form. Anonymous complaints will NOT be accepted. Accommodations will be provided for people with disabilities. Filing this complaint does not prohibit you from filing a complaint with the Montana Human Rights Bureau or the EEOC. You must file your complaint within 180 days of the last alleged discriminatory incident.

BASIS OF COMPLAINT: (Mark all that apply)
- □ Race
- □ Color
- □ National Origin
  (________________________)
- □ Age
- □ Physical Disability
- □ Mental Disability
- □ Marital Status
- □ Religion/Creed
- □ Sex
- □ Pregnancy
- □ Sexual Harassment
- □ Sexual Orientation (MDT employees only)
- □ Political Belief
- □ Genetic Material
- □ Veteran Status
- □ Culture/Social Origin/Ancestry
- □ Hostile Work Environment
- □ Retaliation

COMPLAINANT INFORMATION
- □ Male  □ Female  Age: _______  Disability: __________________________

Name: __________________________________________ Title: __________________________

Address: ___________________________________________________________

Phone No.: work __________________________ home __________________________ cell __________________________

Email: __________________________________________________________

I am filing a complaint on behalf of: □ self  □ someone else

EMPLOYER/SUPERVISOR INFORMATION

Employer/Supervisor: __________________________________________________

Address: ___________________________________________________________________

Phone No.: __________________________ Email: __________________________

NARRATIVE

Please explain, in as much detail as possible, how you were discriminated against. Include all relevant names and dates. (Use additional sheets of paper if necessary).

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Signature: __________________________________________ Date: ______________

Mail, Email, or Hand Deliver this form to:
MDT Civil Rights Bureau 2701 Prospect Avenue, PO BOX 201001, Helena, MT 59620
For questions, comments or concerns contact the Civil Rights Bureau at:
Phone: (406) 444-6334; Email: mdtcrforms@mt.gov
For accommodations contact the ADA Coordinator at: Phone: (406) 444-9229; TTY: (800) 335-7592; Montana Relay: 711