



Montana Department of Transportation
Civil Rights Bureau

PO Box 201001
Helena, MT 59620-1001
Phone: (406) 444-6331 Fax: (406) 444-7243 TTY: (406) 444-7696
www.mdt.mt.gov

Annual Equal Employment Submission: Valid January 1, 2012 – December 31, 2012

Company Name:		Email:	
Address 1:	City:	State:	Zip:
Address 2:	Phone:	Fax:	

POLICY STATEMENT

It is the policy of this company, _____, to assure that applicants are employed, and that employees are treated during employment, without regard to their age, marital status, sex (includes gender, maternity and sexual harassment), race, national origin, color, disability (mental or physical), creed, religion or genetic information. Such action shall include: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship and/or on-the-job training.

By my signature/typewritten name below: I certify that all information on this submission form is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

Company Officer and Title

Current Date

*The company officer must be someone who is an executive of the company and who shares legal liability for the company's actions including complying with EEO obligations.



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The Company EEO Officer for _____ is _____.

He/she will effectively establish and administer the Company's Affirmative Action Program.

He/she will have the meaningful backing and cooperation of Company management in order to effectuate a civil rights program. Open communication with minority group and female organizations will be established and maintained. **He/she** will provide training to project supervisory personnel relative to their EEO responsibilities and will perform complaint investigations as the need arises.

By my signature/typewritten name below: I certify that all information on this submission form is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

Company Officer and Title

Current Date

Email address of EEO Officer

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EMPLOYEE DISCRIMINATION COMPLAINT PROCEDURE

Form with fields: Company Name, Email, Address 1, City, State, Zip, Address 2, Phone, Fax.

The purpose of this procedure is to resolve issues at the lowest possible level. The failure of a complainant to report the alleged incident within ten (10) working days in no way precludes filing with other agencies within specified times, normally 180 days. Early reporting is encouraged, because management's ability to investigate and act on reports diminishes with time.

It is the policy of [blank] to provide a complete and impartial system of investigation and corrective action concerning any and all alleged discrimination complaints against employees or applicants of this company. The following procedure will be made available to and discussed with all employees:

- STEP 1: Any employee or applicant of [blank] who feels he/she has been discriminated against may file a written or verbal complaint.
STEP 2: For federal-aid highway projects, the firm's EEO Officer will forward a copy of the complaint report to the Montana Department of Transportation's Civil Rights Bureau within seven (7) days of the complaint's receipt by the company.
STEP 3: Within seven (7) days of the receipt of the complaint, the Company EEO Officer will meet with the affected persons in order to try and resolve the complaint.
STEP 4: If the complaint is resolved at the conciliation conference, a "Statement of Resolution" will be prepared and signed by the Company EEO Officer, the complainant and the person(s) against whom the complaint was filed.
STEP 5: For federal-aid highway projects, the Company EEO Officer will prepare a "Report of Investigation" at the conciliation conference which will be specific in detailing each step of his/her investigation.

Notice should be given to other contracting agencies as appropriate.

For federal-aid highway projects, if the complaint cannot be resolved at the contractor level, the complainant or respondent (contractor) may request that the Civil Rights Bureau investigate the complaint. The Civil Rights Bureau will conduct its investigation and make recommendations to both parties within sixty (60) days after being asked to do so.

The complainant will be advised of his/her other avenues of complaint or appeal which are:

- **Montana Human Rights Bureau**
P.O. Box 1728
Helena, MT 59624-1728
1-406-444-2884
1-800-542-0807
TDD at (406) 444-9696
- **U. S. Equal Employment Opportunity Commission (EEOC)**
Seattle Field Office-Federal Office Building
909 First Avenue, Suite 400
Seattle, WA 98104-1061
1-800-669-4000
FAX: 206-220-6911
TTY: 1-800-669-6820
- **State or Federal Courts**

The anti-discrimination laws give you a limited amount of time to file a charge of discrimination. In general, you need to file a charge within 180 calendar days from the day the discrimination took place.

Should the complaint not be on a Federal-aid highway project, the company EEO Officer shall inform the complainant of other proper avenues of appeal.

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EMPLOYEE DISCRIMINATION CLAIM FORM

Form with sections for: Company Name, Address 1, Address 2, Employee Information, The person/employer whom I believe has discriminated against me is, Cause of Discrimination (checkboxes for Age, Creed, Retaliation, Sex, Marital Status, Genetic Information, Race, Disability, Equal Pay/Compensation), and a space for details of what happened.

By my signature/typewritten name below: I certify that all information on this submission form is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

Signature of Complainant

Date