

Montana Department of Transportation Discrimination Complaint Form

Instructions:

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



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

For more information on ADA, Title VI, 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).

Anyone needing an alternative format of this document should contact MDT's ADA Coordinator at mmaze@mt.gov 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)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> Creed | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sex | <input type="checkbox"/> Military Service | |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability | <input type="checkbox"/> Social Origin or Condition | <input type="checkbox"/> Vaccination Status |
| <input type="checkbox"/> Political Ideas | <input type="checkbox"/> Marital Status | | |

Complaint: (Mark all that apply)

- ☐ Harassment
☐ Discrimination
☐ Retaliation

Name, phone number and/or email
address of the individual(s) you are
filing a complaint against: _____

Complaint Details

Name, phone number and/or email
address of the witness(es): _____

I am filing a complaint on behalf of:

- ☐ Myself ☐ Someone else Specify who: _____

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

Contact Information

Please provide your contact information so we may reach you during our investigation.

Name: _____ Phone Number: _____

Address: _____ Email: _____

Preferred method of contact:

Signature: _____ Date: _____ ☐ Phone ☐ Email