# Montana Department of Transportation

**Basis of Complaint:** (Mark all that apply)

# 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**

 Race  Color

 National Origin  Religion

 Political Ideas

 Age  Sex

 Pregnancy  Disability

 Marital Status

 Creed

 Military Service  Veteran Status

Social Origin or Condition

Genetic Information

 Ancestry

Vaccination Status

**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

**Complaint:** (Mark all that apply)

 Harassment  Discrimination  Retaliation

## Complaint Details

I am filing a complaint on behalf of:

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

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

Voice: (406) 444-6334

TTY: (800) 335-7592

Myself  Someone else

Specify who:

Fax: (406) 444-7243

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

## 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

## Contact Information

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

406-444-5416 or Montana Relay Service at 711.

Name:

Phone Number:

Address:

Signature:

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

Email:

Date:

Preferred method of contact:  Phone

 Email

Rev. 2, 07/2025