

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 you 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).

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

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Basis of Complaint: (Mark all that apply)

Federal and Montana State Protected Classes

Race
Color
National Origin
Religion
Age
Sex
Pregnancy
Disability
Military Service

Montana State Protected Classes

Marital Status
Creed
Age (all)
Political Ideas
Culture
Social Origin or Condition

Federal Protected Classes

Genetic Information
Veteran Status

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)

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

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

Contact Information

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

Name: _____

Phone Number: _____

Address: _____

Email: _____

Preferred method of contact: ☐ Phone ☐ Email

Signature

Date