MDT-CIV-052
08/2026

Title VI and ADA Discrimination Complaint Form
Federal Transit Administration (FTA)

Any person who believes that they have been subject to discrimination by the Montana Department of Transportation (MDT) or a Montana transit provider may file a complaint. A complaint may also be filed by a representative on behalf of an individual or group. Title VI/ADA complaints must be filed within 180 days of the date of the alleged act of discrimination. You are not required to use this form to file a complaint. In your complaint, please provide details about how you believe you were discriminated against. Include all relevant names and dates. Attach any supporting documentation to your complaint. A representative from MDT or the transit provider will contact you within ten (10) business days of receipt of the complaint.

If your complaint is against a Montana transit provider, it is preferable to file the complaint directly with the provider. However, if you choose to file the complaint with MDT, MDT will forward the complaint to the transit provider for investigation. MDT will track your complaint and follow up to ensure you receive a response.

If you have questions about the complaint process, please contact the transit provider. You may also contact MDT's Office of Civil Rights at mdtcrform@mt.gov or 406-444-6334.

Basis of Complaint: (Mark all that apply)

☐ Race ☐ Color ☐ National Origin ☐ Disability

Complaint: (Mark all that apply)

☐ Discrimination ☐ Harassment ☐ Retaliation

Complaint Details:

I am filing a complaint on behalf of:

☐ Myself ☐ Someone else Specify who:_____

Please provide as much information as you have about the agency and/or person who you believe discriminated against you. Try to include the transit agency name, and any identifying information (name, description, bus number, time of day, etc.) if the complaint involves a specific employee.

_____

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

_____

Date of Alleged Discrimination: _____

Brief description of what happened and why you believe it was discrimination, harassment or retaliation (attach additional information if needed):

_____

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:_____

The Montana Department of Transportation 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 email MDT's ADA Coordinator at:
mdtaccessibilityrequest@mt.gov
or call 406-444-5416 or Montana Relay Service at 711.