

TITLE VI/ADA Section 504 - COMPLAINT PROCEDURES

This section outlines the Title VI complaint procedures related to providing programs, services, and benefits. However, it does not deny the complainant the right to file formal complaints with the Montana Human Rights Bureau, Equal Employment Opportunity Commission, FHWA, FTA, FAA, or to seek private counsel for complaints alleging discrimination, intimidation or retaliation of any kind that is prohibited by law.

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs receiving federal financial assistance¹. Executive Order 12898 (Environmental Justice) prohibits discrimination based on low income status.

PROCEDURE

1. Any person believing they have been subjected to discrimination as noted below may file a written complaint with the MDT Civil Rights Bureau (CRB). Complainants have the right to complain directly to the appropriate federal agency. Federal and State law requires complaints be filed within 180 calendar days of the last alleged incident.
 - For FHWA, complaints may be based on race, color, national origin, sex or low income status;
 - For FTA, complaints may be based on race, color, national origin, or low income status;
 - For FAA, complaints may be based on race, color, national origin, sex, creed, or low income status.
2. Within five working days of receipt of a written Title VI complaint the CRB Chief will notify the MDT Director of the complaint.
 - FHWA-related complaints received directly by MDT and not by FHWA will be investigated by CRB.
 - FHWA-related complaints received by FHWA will be investigated by FHWA unless delegated to CRB for investigation.
 - All FAA- or FTA- related complaints against MDT will be investigated by CRB.
 - All Title VI complaints against State sub-recipients, regardless of which federal agency is involved, will be investigated by CRB.
3. Within five working days of receipt of a complaint against a State sub-recipient, an investigation by the CRB will begin. The Division Equal Employment Opportunity (EEO) Representative may participate in the investigation.
4. A written investigation report will be prepared by the investigator. The report shall include a narrative description of the incident, identification of persons interviewed, findings and recommendations for disposition.

¹ FHWA also includes "sex" as protected status. FAA also includes "sex" and "creed" as protected status.

5. The CRB Chief will review the report. A copy of the report will be provided to the complainant and the respondent. Each will have five working days from receipt of the report to respond. If either party responds negatively or has additional information to provide, an informal meeting will be arranged by the CRB Chief. If neither party responds, the report will be forwarded to the MDT Director for final internal action.
6. The investigation report with recommendations and corrective actions taken will be forwarded within 60 days of the date the complaint was received by MDT to the FHWA Division office, the FTA Regional office, or the FAA Regional office as appropriate, the complainant and the respondent.
7. Complainants will be advised of their appeal rights to the appropriate federal agency.

TITLE VI/ADA Section 504 - PROGRAM COMPLAINT FORM

**Montana Department of Transportation
Civil Rights Bureau
2701 Prospect Avenue, PO Box 201001, Helena, MT 59620-1001
(406) 444-6331
TTY: (800) 335-7592 or Montana Relay at 711**

The Title VI Program prohibits discrimination on the basis of protected status or retaliation in any programs receiving federal financial assistance.

Name (Print): _____

Mailing Address: _____

Work Phone: _____ Home Phone: _____

1. This complaint involves:

- Highway Project/Funds Transit Project/Funds Aeronautics Project/Funds

2. Indicate protected status you believe was basis for discrimination:

- Race Color Creed Religion
 Age Marital Status Physical Disability Sex
 Mental Disability Low Income Status National Origin Retaliation

3. Explain why you believe discrimination has occurred. Please provide dates, location and time of discrimination. If there are witnesses, please provide names, addresses and telephone numbers. Use the back of this form or additional sheets as necessary.

4. Indicate the person(s) you believe responsible for the discrimination:

Name & Agency: _____
Work Location (if known): _____

5. What remedy are you requesting? Please be specific.

Signature

Date