

# 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](mailto: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](http://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](mailto: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