



Montana Department of Transportation

Office of Civil Rights

PO Box 201001

Helena, MT 59620-1001

Phone: (406) 444-6331 Fax: (406) 444-7243 TTY: (800) 335-7592

www.mdt.mt.gov

Annual Equal Employment Submission: Valid January 1, 2018 – December 31, 2018

Company Name:		Email:	
Physical Address:	City:	State:	Zip:
Address 2:	Phone:	Fax:	

POLICY STATEMENT

It is the policy of this company, _____, to assure that applicants are employed, and that employees are treated during employment, without regard to their: race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, pregnancy, childbirth, or a medical condition related to pregnancy or childbirth, sexual orientation, gender identity or expression, political beliefs, genetic information, military service or veteran's status, culture, social origin or condition, or ancestry in hiring and accessing programs, services, and activities performed on the state's behalf.

Such activities shall include: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship and/or on-the-job training.

By my signature/typewritten name below: I certify that all information on this submission form is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

*Company Officer and Title

Date

*The company officer must be someone who is an executive of the company and who shares legal liability for the company's actions including complying with EEO obligations.



Montana Department of Transportation

Office of Civil Rights

PO Box 201001

Helena, MT 59620-1001

Phone: (406) 444-6331 Fax: (406) 444-7243 TTY: (800) 335-7592

www.mdt.mt.gov

Annual Equal Employment Submission: Valid January 1, 2018 – December 31, 2018

Company Name:		Email:	
Physical Address:	City:	State:	Zip:
Address 2:	Phone:	Fax:	

The Company EEO Officer for _____ is _____.

He/she will effectively establish and administer the Company's Affirmative Action Program. **He/she** will have the meaningful backing and cooperation of Company management in order to effectuate a civil rights program. Open communication with minority group and female organizations will be established and maintained. **He/she** will provide training to project supervisory personnel relative to their EEO responsibilities and will perform complaint investigations as the need arises.

By my signature/typewritten name below: I certify that all information on this submission form is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

*Company Officer and Title

Current Date

Email address of EEO Officer

*The company officer must be someone who is an executive of the company and who shares legal liability for the company's actions including complying with EEO obligations.



Montana Department of Transportation

Office of Civil Rights

PO Box 201001

Helena, MT 59620-1001

Phone: (406) 444-6331 Fax: (406) 444-7243 TTY: (800) 335-7592

www.mdt.mt.gov

Annual Equal Employment Submission: Valid January 1, 2018 – December 31, 2018

Company Name:		Email:	
Physical Address:	City:	State:	Zip:
Address 2:	Phone:	Fax:	

The purpose of this procedure is to resolve issues at the lowest possible level. The failure of a complainant to report the alleged incident within ten (10) working days in no way precludes filing with other agencies within specified times, normally 180 days. Early reporting is encouraged, because management's ability to investigate and act on reports diminishes with time.

It is the policy of _____ to provide a complete and impartial system of investigation and corrective action concerning any and all alleged discrimination complaints against employees or applicants of this company. The following procedure will be made available to and discussed with all employees:

STEP 1: Any employee or applicant of _____ who feels he/she has been discriminated against may file a written or verbal complaint. The complaint may be communicated to any company supervisor or to the company EEO Officer. This communication should be made within ten (10) working days of the alleged incident. Complaint forms can be found on the company bulletin board.

STEP 2: For federal-aid highway projects, the firm's EEO Officer will forward a copy of the complaint report to the Montana Department of Transportation's Civil Rights Bureau within seven (7) days of the complaint's receipt by the company.

STEP 3: Within seven (7) days of the receipt of the complaint, the Company EEO Officer will meet with the affected persons in order to try and resolve the complaint. A conciliation conference will be held. Attendees at this conference should include, at a minimum, the complainant, the person against whom the complaint is filed and the Company EEO Officer.

STEP 4: If the complaint is resolved at the conciliation conference, a "Statement of Resolution" will be prepared and signed by the Company EEO Officer, the complainant and the person(s) against whom the complaint was filed. The "Statement of Resolution" will be specific in detailing any mutual agreement made by the respective parties involved.

STEP 5: For federal-aid highway projects, the Company EEO Officer will prepare a "Report of Investigation" at the conciliation conference which will be specific in detailing each step of his/her investigation. This report must include, but not be limited to: (a) a listing of all persons interviewed and results of those reviews; (b) minutes and results of the conciliation conference; (c) if appropriate, the signed Statement of Resolution. This Report of Investigation will be forwarded to the Montana Department of Transportation's Civil Rights Bureau, within fifteen (15) days from the date of the conciliation conference.



Montana Department of Transportation

Office of Civil Rights

PO Box 201001

Helena, MT 59620-1001

Phone: (406) 444-6331 Fax: (406) 444-7243 TTY: (800) 335-7592

www.mdt.mt.gov

Annual Equal Employment Submission: Valid January 1, 2018 – December 31, 2018

Notice should be given to other contracting agencies as appropriate.

For federal-aid highway projects, if the complaint cannot be resolved at the contractor level, the complainant or respondent (contractor) may request that the Office of Civil Rights investigate the complaint. The Office of Civil Rights will conduct its investigation and make recommendations to both parties within sixty (60) days after being asked to do so.

The complainant will be advised of his/her other avenues of complaint or appeal which are:

- Montana Human Rights Bureau**
P.O. Box 1728
Helena, MT 59624-1728
1-406-444-2884
1-800-542-0807
TDD at (406) 444-9696
- U. S. Equal Employment Opportunity Commission (EEOC)**
Seattle Field Office-Federal Office Building
909 First Avenue, Suite 400
Seattle, WA 98104-1061
1-800-669-4000
FAX: 206-220-6911
TTY: 1-800-669-6820
- State or Federal Courts**

The anti-discrimination laws give you a limited amount of time to file a charge of discrimination. In general, you need to file a charge within 180 calendar days from the day the discrimination took place.

Should the complaint not be on a Federal-aid highway project, the company EEO Officer shall inform the complainant of other proper avenues of appeal.

By my signature/typewritten name below: I certify that all information on this submission form is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

*Company Officer and Title

Current Date

*The company officer must be someone who is an executive of the company and who shares legal liability for the company's actions including complying with EEO obligations.



**Montana Department of Transportation
Office of Civil Rights**

PO Box 201001
Helena, MT 59620-1001
Phone: (406) 444-6331 Fax: (406) 444-7243 TTY: (800) 335-7592
www.mdt.mt.gov

**Annual Equal Employment Submission: Valid January 1, 2018 – December 31, 2018
EMPLOYEE DISCRIMINATION CLAIM FORM**

Company Name:		Email:	
Physical Address:	City:	State:	Zip:
Address 2:	Phone:	Fax:	
Employee Information:			
Name:		Phone:	
Address:	City:	State:	Zip:
The person/employer whom I believe has discriminated against me is:			
Name:		Phone:	
Address:	City:	State:	Zip:
Dates, location and/or project number of construction site where I believe the discrimination took place:			
Discrimination type category:			
<input type="checkbox"/> Age	<input type="checkbox"/> Parental/Marital Status	<input type="checkbox"/> Physical or Mental Disability	
<input type="checkbox"/> Religion, Creed or Culture	<input type="checkbox"/> Genetic Material	<input type="checkbox"/> Equal Pay/Compensation	
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Race, Color or National Origin	<input type="checkbox"/> Social Origin, Condition or Ancestry	
<input type="checkbox"/> Political Belief	<input type="checkbox"/> Veterans Status or Military Service		
<input type="checkbox"/> Pregnancy, Childbirth or a medical condition related to pregnancy or childbirth.			
<input type="checkbox"/> Sex, Sexual Orientation, Gender Identity or Expression			
Use this space to briefly write the details of what happened. Be specific regarding names and dates:			

By my signature/typewritten name below: I certify that all information on this submission form is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

Signature of Complainant

Date