MDT-CIV-052
07/2026

MONTANA
Department of Transportation

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

Instructions:
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 Civil Rights will contact you **within seven (7) business days** of receiving the complaint.

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: _____

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

_____

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):

_____

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: _____

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
Telephone: 406-444-6334

Visit our website for more information about ADA, Title VI, or nondiscrimination at MDT.
https://www.mdt.mt.gov/business/contracting/civil/eeo.aspx.

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
406-444-5416 or Montana Relay Service at 711.