Date Received by Human Resource Office:

_____

Discrimination Complaint Resolution Form

Alternative accessible formats of this document are available on request.

Employees, job applicants, and customers may use this form to file an internal complaint based on discrimination or harassment (including a hostile work environment) based on any of the protected classes identified in this form. Individuals should submit this form to the agency where the event is believed to have occurred. For the Montana Department of Agriculture, please send to Human Resources at 302 N Roberts St, Helena, MT 59601 or email agrhumanresources@mt.gov.

Complainant's Name: _____

Mailing Address: _____

Phone: _____

Complainant's Status:

☐ Employee ☐ Job Applicant ☐ Department Customer

Basis of Complaint:

☐ Race ☐ Color ☐ Genetic Information ☐ Retaliation

☐ Creed ☐ Age ☐ National Origin ☐ Political Beliefs

☐ Religion ☐ Physical/Mental Disability ☐ Sexual Orientation ☐ Marital Status

☐ Sex ☐ Sexual Harassment ☐ Military Service ☐ Veteran Status

☐ Pregnancy, Child Birth, or a Medical Condition Related to Pregnancy or Childbirth ☐ Gender Identity or Gender Expression ☐ Social Origin or Condition

☐ Ancestry

Name of person you believe discriminated against you: _____

Department or Address: _____

Phone: _____

Date, time, and place of the incident(s): _____

_____

Documentation:

Please attach copies of any documents or material you believe are relevant.

Witnesses:

Did anyone witness the incident(s) of discrimination? If so, please list names and phone numbers of any witnesses to the incident(s). Use additional pages, if necessary.

Name: _____Phone: _____

Name: _____Phone: _____

Statement:

Please describe the incident(s) as clearly and concisely as possible. Provide as much detail as you can recall, including when and where the events occurred and who said what to whom. Explain why you believe the conduct or treatment was discriminatory. Use additional pages, if necessary.

Action Sought:

Please describe what you would like to see done to correct the situation.

Complaint Authorization

I understand that complete confidentiality cannot be maintained in the process of handling informal and formal complaints. I agree that this statement of allegations may be used during the investigation of the case. I further consent that this statement and certain information in the complaint file may be disclosed to certain agency employees including the person I believe discriminated against me, in order to resolve my complaint, conduct fact finding, or implement remedial action. I also understand that information may also be disclosed if required by law, rule, regulation, or court order.

I affirm that this complaint statement is true, accurate, and complete to the best of my knowledge.

_____ _____

Signature of Complainant ***Date***

In addition to the internal complaint process, complaints may be filed with the following agencies:

(a) Montana Human Rights Bureau, 1625 11th Avenue 33 S. Last Chance Gulch, Suite 2, P.O. Box 1728, Helena, MT 59624-1728, (406) 444-2884 4356, (800) 542-0807, TTY (406) 444-0532 Montana Relay Service 711; or

(b) United States Equal Employment Opportunity Commission (EEOC) San Francisco District Office, 350 The Embarcadero, Suite 500, San Francisco, CA 94105-1260, Seattle Field Office, 909 First Avenue, Suite 400, Seattle, WA 98104-1061, (800) 669-4000, TTY (800) 669-6820, ASL Video (844) 234-5122, or

(c) in the case of a service member or veteran:

1. the Employer Support of the Guard and Reserve at (800) 336-4590; or
2. the Veterans' Employment and Training Service (VETS) at (866)-487-2365. Service members and veterans may submit a formal, online complaint with VETS at http://webapps.dol.gov/elaws/vets/userra/1010.asp.

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