**Montana Board of Crime Control**

**Discrimination Complaint Form**

Please complete the following information with as much detail as possible, sign and submit with copies of any documentation to the Montana Board of Crime Control Executive Director either via e-mail to [mbcc@mt.gov](mailto:mbcc@mt.gov) or by mail to 5 South Last Chance Gulch, PO Box 201408, Helena, MT 59620-1408. This form must be submitted within the timeframe specified by the relevant statute. For more information about submission requirements and timelines, please refer to “Filing Options” in the [Civil Rights Compliance and Discrimination Complaint Instructions](https://mbcc.mt.gov/_docs/Funding/Training-Technical-Assistance/SubgranteeTraining/Civil-Rights-Compliance---Instructions.pdf). If you have any questions, please call (406) 444-3604.

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| **Section One: Identification** | | | | | |
| Last Name:  Click here to enter text. | | First Name:  Click here to enter text. | | Middle Initial:  Click here to enter text. | |
| Street Address:  Click here to enter text. | | City and State:  Click here to enter text. | | Zip:  Click here to enter text. | |
| Phone Number(s):  Click here to enter text. | | Email:  Click here to enter text. | | I am:  Choose an item. | |
| **Do you need special accommodations for us to communicate with you about this complaint?**  *(Check all that apply)* | | | | | |
| Braille | Large Print | | Audio | | TDD |
| Sign Language Interpreter  Foreign Language Interpreter (please specify): Click here to enter text.  Other (please specify): Click here to enter text. | | | | | |

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| **Section Two: Complaint Information**  I allege discrimination based on the following protected class(es) and act(s) as described below. | | | | | | | | |
| **BASIS OF DISCRIMINATION**  *Please check all that apply and indicate the type of discrimination as indicated. (For example, if “Disabled” is selected, the type might be “learning disabled”)* | | | | **ACT OF DISCRIMINATION**  *Please check all that apply.* | | | | |
| Sex/Gender Click here to enter text.  Gender Identity: Click here to enter text.  Sexual Orientation: Click here to enter text.  Sexual Harassment  Race/Color: Click here to enter text.  National Origin: Click here to enter text. | | | | Recruitment  Selection  Performance  Training  Promotion  Discipline | | | | |
| **BASIS OF DISCRIMINATION (CONTINUED)** | | | | **ACT OF DISCRIMINATION (CONTINUED)** | | | | |
| Religion: Click here to enter text.  Creed: Click here to enter text.  Age: Click here to enter text.  Disability: Click here to enter text.  Marital Status: Click here to enter text.  Political Belief: Click here to enter text.  Retaliation for Civil Rights Activity | | | | Demotion  Termination  Layoff (RIF)  Programs of Services offered by the department  Denial of service(s)  Other (please specify): Click here to enter text. | | | | |
| **Description of Complaint**  *Please describe each incident of alleged discrimination separately. For each incident, provide the following information:*   1. *Date(s) the discriminatory action occurred;* 2. *Where the discriminatory action occurred (if applicable);* 3. *Agency/organization that discriminated;* 4. *Name(s) of the individual(s) who discriminated;* 5. *Details of what occurred;* 6. *Name(s) of witness(es) (if any) with contact information, if possible; and* 7. *Why you believe the discrimination was based on your protected class as indicated above.* | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| When did the last act of discrimination occur? | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| I am attaching **copies** of written documentation or other materials to support my allegation. | | | | | | | | |
| Yes | | No | |  | | | | |
| *If “Yes,” please list the individual(s) below (name and contact information))*  Click here to enter text. | | | | | | | | |
| Do you know of any other individuals who feel they were discriminated against by the same individual? | | | | | | | | |
| Yes | | | No |  | | | | |
| *If “Yes,” please write your name and initial each document’s page.* | | | | | | | | |
| What would you like the Montana Board of Crime Control to do as a result of the complaint? What remedy are you seeking? | | | | | | | | |
| Click here to enter text. | | | | | | | | |
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| **Section Three: Certification**  *I certify that this information is correct to the best of my knowledge.* | | | | | | | |
|  |  | | | |  | Click here to enter text. |  |
|  | *Signature of Complainant* | | | |  | *Date* |  |