**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 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* |  |