



Montana Department of Transportation

Office of Civil Rights

PO Box 201001

Helena, MT 59620-1001

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www.mdt.mt.gov

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

EMPLOYEE DISCRIMINATION CLAIM FORM

Company Name: RIVERSIDE CONTRACTING, INC.		Email: mjackson@riversidecontracting.com	
Physical Address: 5571 ALLOY SOUTH	City: MISSOULA	State: MT	Zip: 59808
Address 2: 5571 ALLOY SOUTH	Phone: (406) 721-9267	Fax: (406) 721-9394	
<b>Employee Information:</b>			
Name:		Phone:	
Address:	City:	State:	Zip:
<b>The person/employer whom I believe has discriminated against me is:</b>			
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