



**Montana Department of Transportation**  
**Office of Civil Rights**  
 PO Box 201001  
 Helena, MT 59620-1001  
 Phone: (406) 444-6945 Fax: (406) 444-7243 TTY: (800) 335-7592  
[www.mdt.mt.gov](http://www.mdt.mt.gov)

### Employee Discrimination Claim Form

Riverside Contracting, Inc.		www.riversidecontracting.com	
5571 Alloy South	Missoula	MT	59808
mjjackson@riversidecontracting.com	406-721-9267	406-721-9394	

**Employee Information:**

Name:		Phone:	
Address:	City:	State:	Zip:

**The person/employer whom I believe has discriminated against me is:**

Name:		Phone:	
Address:	City:	State:	Zip:

Approximate 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"/> Low-Income   | <input type="checkbox"/> Culture / Social Origin / Ancestry |
| <input type="checkbox"/> Race or Color   | <input type="checkbox"/> Marital Status   | <input type="checkbox"/> Sexual Harassment                  |
| <input type="checkbox"/> National Origin   | <input type="checkbox"/> Veteran Status   | <input type="checkbox"/> Hostile Work Environment           |
| <input type="checkbox"/> Political Belief  | <input type="checkbox"/> Retaliation  | <input type="checkbox"/> Physical or Mental Disability      |
| <input type="checkbox"/> Religion or Creed   | <input type="checkbox"/> Limited English Proficiency                              |   |
| <input type="checkbox"/> Genetic Material  | <input type="checkbox"/> Sex / Sexual Orientation / Gender Identity or Expression |   |
| <input type="checkbox"/> Pregnancy / Childbirth, or a medical condition related to pregnancy or childbirth |   |   |



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### Employee Discrimination Claim Form (continued)

Use this space to briefly write the details of what happened. Be specific regarding names and approximate dates. You may add additional pages if needed.

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