

State of Montana
Nondiscrimination-Equal Employment Opportunity
Complaint Resolution Procedure

Complaint Resolution Procedure

Montana state government is committed to providing equal access to employment, programs, services, and activities, and prohibits discrimination and harassment based on race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, pregnancy, childbirth or a medical condition related to pregnancy or childbirth, sexual orientation, gender identity or expression, political beliefs, genetic information, military service or veteran's status, culture, social origin or condition, or ancestry unless based on a bona fide occupational qualification (BFOQ).

State agencies are committed to resolving complaints of discrimination and harassment in a fair, timely, and impartial manner. Employees, applicants, clients, and customers may file a complaint under the state's complaint resolution procedures if they believe they have experienced discrimination, harassment, or retaliation. Complainants are encouraged to use the Department of Administration's complaint form found at <http://hr.mt.gov/newresources>.

Montana state government prohibits retaliation against employees, applicants, clients, and customers who opposes unlawful discriminatory practices, files a discrimination complaint, or participates in a discrimination proceeding, including testifying in court.

Reporting a Complaint:

Montana state government encourages employees, applicants, clients, and customers who believe they have been discriminated against or harassed to contact agency management or the agency's equal opportunity (EO) officer, American's with Disabilities Act (ADA) Coordinator, or human resources (HR) staff.

Agency Responsibilities:

1. Employees and manager who receive a report of alleged discrimination or harassment shall immediately notify the agency EO officer, ADA Coordinator, or HR staff.
2. Upon receiving a complaint, agency management, with guidance from the agency EO officer, ADA Coordinator, or HR staff, shall take appropriate steps to prevent the alleged conduct from continuing, pending completion of the investigation.
3. The agency EO officer, ADA Coordinator, HR staff, or appropriate management representative will promptly initiate an investigation upon receiving a complaint.

4. The investigator shall submit the results of the investigation to the human resource manager. The factual report shall remain confidential and may not be disseminated, except to persons having a need or right to know, which outweighs the privacy rights of persons involved.
5. Upon completion of the investigation, the appropriate manager shall promptly inform the complainant and accused, in writing, of the outcome of the investigation.
6. Agency management shall take appropriate corrective action if the investigation establishes that an employee has violated the state's EEO, Nondiscrimination, and Harassment Prevention Policy. Agency managers may only inform the complainant that appropriate action has been taken and not the details of any disciplinary action taken.
7. If the investigator finds insufficient evidence to conclude that a policy violation occurred, agency management may inform all parties that no action will be taken, and the complainant's right to file an external complaint.
8. Neither agency management nor any employee will retaliate against any employee for filing a complaint or for participating in any way in a complaint procedure.

OTHER COMPLAINT FILING OPTION

An applicant, client, customer, or employee may concurrently file a complaint of unlawful discrimination with:

1. the Human Rights Bureau, 33 S. Last Chance Gulch, Suite 2, P.O. Box 1728, Helena, MT 59624-1728, (406) 444-4356, (800) 542-0807, Montana Relay Service 711, or
2. the United States Equal Employment Opportunity Commission (EEOC) Seattle Field Office, 909 First Avenue, Suite 400, Seattle, WA 98104-1061, (800) 669-4000, TTY (800)-669-6820, ASL Video (844) 234-5122. The complaint must be filed either:
 - a. within 180 days of the alleged incident; or
 - b. if the employee initiates action to resolve the alleged discrimination in accordance with this procedure or contract grievance procedure, within 300 days of the alleged incident.
3. Service members and veterans who believe they have been discriminated against in employment based on military service or veteran status may contact:
 - a. the Employer Support of the Guard and Reserve at (800) 336-4590; or
 - b. 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>.

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.

Complainant's Name: _____

Mailing Address: _____

Phone: _____

Complainant's Status:

- Employee Job Applicant Department Customer

Basis of Complaint:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Age | <input type="checkbox"/> National Origin | <input type="checkbox"/> Political Belief |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Physical/Mental Disability | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Military Service | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Pregnancy, Child Birth, or a Medical Condition Related to Pregnancy or Childbirth | <input type="checkbox"/> Gender Identity or Expression | <input type="checkbox"/> Social Origin or Condition | |

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>.